



2011 Colorado Physician Assistant Workforce Survey

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*Codebook and Variable Frequencies
Report – Research File*

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Acknowledgments

Funding was provided by The Colorado Trust through its Health Professions Grant Project. For more information please go to <http://www.coloradotrust.org/grants/search-grants#>.

Introduction

The Colorado Health Institute (CHI) serves as an independent, nonpartisan source of health information and policy analysis. With funding from The Colorado Trust, CHI is building a comprehensive health professions database for the purpose of informing health workforce policy in Colorado.

A series of profession-specific workforce databases is being constructed to complement existing health professions workforce data. From these data, CHI is developing a set of indicators that document changes in health care workforce supply and demand, as well as practice patterns that exist in Colorado communities over time. A database download function has been developed to enable visitors to the CHI Web site to download health professions data and customize reports by profession and geographic location.

2011 Colorado PA Survey

Methods

The survey was administered in four waves by mail beginning on December 30, 2010. The first wave was a postcard alerting the 1,000 randomly selected physician assistant (PAs) that a survey was coming. On January 7, 2011, the second mailing, which included a cover letter with Commonly Asked Questions, a questionnaire and a self-addressed stamped envelope, went out to the randomly selected sample of actively licensed PAs. The survey forms were mailed to the contact address in each licensee's file at the Colorado Department of Regulatory Agencies (DORA). This address may have been the PA's home or practice location.

On January 18, 2011, a postcard was mailed either reminding the PAs to fill out the survey or thanking them if they already sent it back. The fourth mailing, sent on January 28, 2011, consisted of a cover letter, a second questionnaire and a self-addressed stamped envelope [See Appendix C for cover letters and postcards].

Response rate

CHI received survey responses from 392 PAs during the first mailing of questionnaires which ended on January 27, 2011. The second questionnaire mailing yielded an additional 193 completed surveys. In total, CHI received survey responses from 585 PAs or 60 percent of those who were mailed a survey form. The following table shows the final survey disposition by response category.

Final Disposition	Number
Surveys mailed to Colorado PA sample	1,000
Unable to forward	18
Non-responses	1
Out of state	0
Eligible sample	981
Returned completed questionnaires (2 nd wave)	392
Returned completed questionnaires (4 th wave)	193
Total returned completed questionnaires	585
Response rate	60

Data from the questionnaires returned to CHI were entered into an Access database (N=585). CHI randomly selected 35 forms for data entry reliability analysis. Data entry was 99+ percent accurate across all survey variables entered. Data verification and cleaning were conducted with a series of quality checks to ensure

data completeness and adherence to formatting protocols [See Appendix A for Data Cleaning Business Rules].

Sampling methods

The sample was drawn from the 2010 DORA database of PAs which includes all Physician Assistants with an active Colorado license and a contact address in Colorado (n=1898).

The sampling design followed a disproportionate stratified random sampling scheme and included 1,000 PAs randomly selected from six strata. The six sample strata were based on combinations of gender and urban/rural classifications created from the 2005 Rural Urban Commuting Area (RUCA) codes¹. All rural male and female PAs were sampled and at least 250 PAs from each of the other strata [See Appendix B for sampling and response summary by stratum].

Weighting up to the population

This survey was conducted to yield information about PAs holding an active license in Colorado with a contact address in Colorado as of September 2010. A survey form was mailed to a stratified random sample of Colorado licensed PAs with a contact address in Colorado. The data file includes variable counts for valid respondents only (N=585).

Strata based on gender and urban/rural classifications were used to develop the survey weight variable and adjust for non-response bias. The weight variable must be applied to all descriptive and inferential statistics calculated from the PA survey data in order to correctly apportion the sample population to overall PA population in Colorado [See Appendix B for strata information].

Research Data File

This codebook specifies the variables contained in the 2011 CHI Colorado Physician Assistant Workforce Survey research file. The file contains 585 records, one for each respondent, and includes a weight variable. The research file contains 244 variables [See the list of variables on p.13-19].

The research file contains confidential and sensitive data and is available for researchers for analysis and aggregate statistical reporting. Because responder confidentiality was assured by CHI, data analysis should not be conducted with the purpose of identifying individual survey respondents, either directly or by inference. Users of the research file must sign a Workforce Research File Data Sharing Agreement, a non-discloser affidavit, and have a copy of approval or exemption from an Institutional Review Board (IRB). Students are required to provide evidence of faculty sponsorship. Submission of a brief letter from a faculty member stating that he/she is acting as the faculty sponsor/advisor for the project, and that he/she has reviewed and approved the data sharing agreement.

All users of the data must include the following citation in any public release of the data or its subsequent analysis: "Source: The 2011 Physician Assistant Workforce Survey, Colorado Health Institute."

In addition, CHI requests that interested individuals and organizations using the database share their analysis and findings with CHI by contacting Athena Dodd at 720.382.7093 or by email at <mailto:dodda@coloradohealthinstitute.org>

¹ Rural-urban commuting area (RUCA) codes are a sub-county measure of urban/rural status based on 2000 Census data and 2004 ZIP Code areas. They are more specific than larger county-based definitions in order to more accurately classify intra-county areas as rural or urban. For more information on RUCA codes, refer to <http://depts.washington.edu/uwruca/index.html>.

Technical information

The research file is released as SAS, comma-delimited, Excel and SPSS files. In addition, a response summary by strata is provided in Appendix B.

Codebook structure

The codebook lists variable labels in the order in which they appear on the questionnaire. Each variable includes a name, description, the file(s) where it can be found and any appropriate technical notes. The last 15 variables in the codebook were created from survey questions and re-coded to protect the confidentiality of survey respondents or to provide more specificity in geographic location of practice, e.g., primary city or county of practice.

For each variable, an unweighted and weighted frequency is provided. The unweighted sum for each variable totals 585, that is, the number of survey respondents. The weighted sum is 1898, the number of actively licensed PAs living or practicing in Colorado [Because of rounding, totals in the weighted frequency tables do not always equal 1898].

Four different values are used to indicate the type of missing value. A -6 indicates an invalid answer such as marking more than one item when only one was supposed to be marked or a value that is not possible (e.g., working more than 168 hours per week). A value of -7 indicates that a respondent answered a question when they were not supposed to (as part of a skip pattern). A value of -8 indicates a blank value that is supposed to be blank (respondent successfully followed instructions regarding a skip pattern). Finally, a value of -9 indicates a blank value when information should have been provided. A value of -6 is usually retained if it is within a skip pattern so that it takes precedence over a -7.

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2011 PHYSICIAN ASSISTANT (PA) WORKFORCE SURVEY

Survey # _____

The Colorado Health Institute is conducting this survey to inform Colorado policymakers about PA health workforce issues. Funded by The Colorado Trust, this survey is voluntary. Your answers will be kept confidential. Please complete and return this questionnaire in the envelope provided. If you have any questions, contact Jacqueline Colby, PhD, MPH, at 720.382.7095 or by email at colbyj@coloradohealthinstitute.org.

ABOUT YOU

- What is your gender?
 - Female
 - Male
- In what year were you born? 1 9 _____
- How would you describe the community in which you spent most of your childhood? [MARK ONE BOX]
 - Urban
 - Rural
 - Suburban
- How would you describe your ethnic/racial identification? [MARK THE ONE BOX THAT MOST CLOSELY REPRESENTS YOUR ETHNIC/RACIAL BACKGROUND]
 - Multi-racial/multi-ethnic
 - Native American or Alaska Native
 - Asian
 - Black/African American
 - Hispanic/Latino
 - Native Hawaiian or Other Pacific Islander
 - White, not Hispanic
- In what languages, other than English, are you fluent? If you are fluent in **another language**, please indicate whether you use this language to communicate with some of your patients. [MARK YES OR NO FOR EACH LANGUAGE]

<u>Language fluency</u>	<u>Speak with some patients</u>	Only fluent in English
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spanish
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Russian
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify) _____

YOUR OPINION

- How satisfied are you with your **career** as a PA? If you are no longer working as a PA, how satisfied were you with your PA career? [ON A SCALE OF 1-10, CIRCLE APPROPRIATE NUMBER]

Very Satisfied										Very Dissatisfied
1	2	3	4	5	6	7	8	9	10	
- Overall, how satisfied are you with your **compensation** for your work as a PA? If you are no longer working as a PA, how satisfied were you with your PA compensation? [ON A SCALE OF 1-10, CIRCLE APPROPRIATE NUMBER]

Very Satisfied										Very Dissatisfied
1	2	3	4	5	6	7	8	9	10	

8. In general, how important do you think the following policies or regulations would be with regard to the ability of PAs to practice successfully? [MARK THE RELATIVE IMPORTANCE OF EACH FACTOR]

Very Important	Somewhat Important	Not Important	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A practice level determination of the appropriate number of PAs (or PA-FTEs) an individual physician may supervise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptable physician supervision requirements for new PAs that allow supervision requirements, including chart review and co-signature requirements, to be determined by individual physician supervisors at the practice site level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enforceable reimbursement policies, applicable to the private insurance market, that establish reimbursement levels that reflect equal pay for equal work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State- or privately-sponsored incentives to establish PAs in practices in medically underserved areas, with off-site physician supervision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increased access to state and federal loan forgiveness programs available to PAs who agree to practice in an underserved area of Colorado
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicare statute revisions that clearly permit physicians to delegate to PAs the ability to order home health, hospice, and skilled nursing facility care, as well as provide hospice care

YOUR PA EDUCATION

9. **Prior** to completing your PA education/training program, what other education programs had you previously completed? [MARK YES OR NO FOR EACH PROGRAM]

- Yes No Associate's Degree
- Yes No Bachelor's Degree
- Yes No Master's Degree
- Yes No Ph.D.
- Yes No EMT/Paramedic Training
- Yes No Medical Assistant Training
- Yes No Nursing Training
- Yes No Other Degree (specify) _____

10. In what year did you complete your PA education/training program? ____ ____ ____ ____ YEAR

11. In what state did you complete your PA education/training program? ____ ____ 2 LETTER STATE ABBREVIATION
[ENTER XX FOR FOREIGN COUNTRY]

12. What is the name of the PA education program where you completed your initial training? [MARK ONE BOX]

- University of Colorado Physician Assistant Program
- Red Rocks Community College Physician Assistant Program
- Other (specify) _____

13. Which of the following describes the degree or certificate you were awarded upon completion of your initial PA training? [MARK ONE BOX]

- PA Associate's Degree
- PA Bachelor's Degree
- PA Master's Degree
- PA Certificate
- PA Military Training Certification
- Other (specify) _____

14. What is the highest degree you have completed to date (including PA and non-PA related education)? [MARK ONE BOX]

- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Ph.D
- Professional Doctorate [E.G. MD, DO, DRPH, PSYD]
- Certificate Program
- Other (specify) _____

15. What was your total loan indebtedness for your PA education/training program? [DO NOT INCLUDE LOANS INCURRED TO

COMPLETE PREREQUISITE COURSEWORK—MARK ONE BOX]

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Did not have loans | <input type="checkbox"/> \$20,001 to \$30,000 | <input type="checkbox"/> \$50,001 to \$60,000 | <input type="checkbox"/> \$80,001 to \$90,000 |
| <input type="checkbox"/> \$10,000 or less | <input type="checkbox"/> \$30,001 to \$40,000 | <input type="checkbox"/> \$60,001 to \$70,000 | <input type="checkbox"/> \$90,001 to \$100,000 |
| <input type="checkbox"/> \$10,001 to \$20,000 | <input type="checkbox"/> \$40,001 to \$50,000 | <input type="checkbox"/> \$70,001 to \$80,000 | <input type="checkbox"/> More than \$100,000 |

YOUR SPECIALIZATION

16. Which Certificates of Added Qualifications (CAQ), awarded by the National Commission of Certification of Physician Assistants (NCCPA), do you have currently? [MARK ALL THAT APPLY]

- | | |
|--|---|
| <input type="checkbox"/> I do not have any CAQs currently | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Cardiovascular and Thoracic Surgery | <input type="checkbox"/> Orthopedic Surgery |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Psychiatry |

17. Please indicate your area(s) of PA clinical practice and the percentage of time you currently spend practicing in that area during a typical work week. If you are not presently working as a PA, complete for your last position. [MARK YES OR NO FOR EACH SPECIALTY AREA. FOR YES, INDICATE PERCENTAGE OF TIME YOU SPEND WORKING IN THIS PRACTICE AREA.]

		<u>Area of PA clinical practice</u>	<u>Percentage of your practice time during a typical work week</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dermatology	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency medicine	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family/general medicine	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internal medicine (general)	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internal medicine (sub-specialty)	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Obstetrics and gynecology	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Occupational medicine	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oncology	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pediatrics (general)	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pediatrics (sub-specialty)	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prevention/wellness	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Psychiatry	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radiology	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surgery (general)	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surgery (specialty)	_____ %
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (specify) _____	_____ %
			100 % TOTAL

YOUR PRESCRIBING PRACTICES

18. Do you currently or have you in the past prescribed schedule II-V drugs? [MARK ONE BOX]

- Yes [Go to Q20] No [Go to Q19]

19. IF NO to Q18, what are your reason(s) for not prescribing schedule II-V drugs in your current clinical position?

[MARK YES OR NO FOR EACH REASON]

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am not currently working |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My licensed supervising physician has not delegated prescriptive authority to me |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My practice colleagues write schedule II-V prescriptions |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Schedule II-V drugs are not used in my area of practice |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prescribing schedule II-V drugs is outside of my area of expertise |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am concerned about patients engaged in drug seeking behavior |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other reason (specify) _____ |

20. Do you currently have a DEA number?

- Yes [Go to Q22] No [Go to Q21]

21. IF NO to having a current DEA number, why? [MARK YES OR NO FOR EACH REASON]

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have no desire to write prescriptions for controlled substances |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I do not need to write prescriptions for controlled substances in my current position(s) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The fee for acquiring a DEA number is too costly |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other reason (specify, E.G. RETIRED) _____ |

EMPLOYMENT SINCE COMPLETING YOUR BASIC PA EDUCATION PROGRAM

22. How many years have you worked or did you work in a clinical position as a PA? [YEAR=0 OR MORE, MONTHS=0-11]

___ YEARS AND ___ MONTHS

23. How long have you been practicing as a PA in your current specialty/area of clinical practice? [YEAR=0 OR MORE, MONTHS=0-11]

___ YEARS AND ___ MONTHS

24. Are you currently employed **in Colorado** in one or more **clinical** PA positions?

- Yes [Go to Q26]
- No [Go to Q25]

25. IF NO to Q24, which factors have contributed to your decision not to practice in Colorado in a clinical setting as a PA at this time? [MARK YES OR NO FOR EACH FACTOR]

- Yes No Retired from the active workforce
- Yes No I practice as a PA in another state
- Yes No Employed in a primary care setting that does not utilize my PA training
- Yes No Employed in a health-related position that does not utilize my PA training
- Yes No Employed in a PA educational program
- Yes No Currently pursuing additional education
- Yes No Lack of respect for PAs by physicians and employers
- Yes No Work is not professionally challenging
- Yes No Insufficient wages
- Yes No There are no PA positions available
- Yes No Maternity leave or other family responsibilities
- Yes No Health does not allow me to work as a PA
- Yes No Other (specify) _____

 **[GO TO Q54 AFTER ANSWERING QUESTION Q25]**

THE TERM "**PRINCIPAL CLINICAL PA POSITION**" IN THE FOLLOWING SET OF QUESTIONS REFERS TO THE CLINICAL POSITION AT WHICH YOU WORK THE MOST HOURS DURING A TYPICAL WORK WEEK. THE TERM "**SECONDARY CLINICAL PA POSITION**" IS THE CLINICAL POSITION AT WHICH YOU WORK THE SECOND GREATEST NUMBER OF HOURS DURING A REGULAR WORK WEEK.

26. In addition to your principal clinical PA position, are you employed in another position as a PA? [MARK ONE BOX]

- Yes, I work in two or more clinical PA positions [Go to Q27]
- Yes, I work in both clinical and non-clinical (E.G. FACULTY IN PA PROGRAM) PA positions [Go to Q27]
- No, I work in only one clinical PA position [Go to Q28]

27. IF YES to Q26, which of the following best describes the reason you are employed in more than one PA position? [MARK ONE BOX]

- To supplement the earnings from my principal clinical PA position
- Wasn't offered fulltime work in my principal clinical PA position
- To gain experience in a different aspect of clinical care
- Enjoy working in various clinical settings
- Other (specify) _____

28. In what ZIP Code is your principal clinical PA position located? List the ZIP Code of your secondary clinical PA position if applicable.

PRINCIPAL CLINICAL PA POSITION
_____ ZIP CODE

SECONDARY CLINICAL PA POSITION
_____ ZIP CODE

29. Approximately how many hours do you work during a typical work week? [PROVIDE BOTH TOTAL & POSITION-SPECIFIC]

ALL PA POSITIONS
[CLINICAL AND NON-CLINICAL]
_____ NUMBER OF HOURS

PRINCIPAL CLINICAL PA POSITION
_____ NUMBER OF HOURS

SECONDARY CLINICAL PA POSITION
_____ NUMBER OF HOURS

30. Given the range of patient visit complexity across specialty areas, how many patients is it customary for you to see during a typical work week? [PLEASE PROVIDE YOUR BEST ESTIMATE]
 _____ NUMBER OF PATIENT VISITS PER WEEK

31. Which category most closely approximates your total income before taxes in 2010 from all of your PA positions combined? [MARK ONE BOX]

- | | | |
|--|--|---|
| <input type="checkbox"/> Not working as a PA in 2010 | <input type="checkbox"/> \$60,001 to \$70,000 | <input type="checkbox"/> \$100,001 to \$110,000 |
| <input type="checkbox"/> Less than \$40,000 | <input type="checkbox"/> \$70,001 to \$80,000 | <input type="checkbox"/> \$110,001 to \$120,000 |
| <input type="checkbox"/> \$40,001 to \$50,000 | <input type="checkbox"/> \$80,001 to \$90,000 | <input type="checkbox"/> \$120,001 to \$130,000 |
| <input type="checkbox"/> \$50,001 to \$60,000 | <input type="checkbox"/> \$90,001 to \$100,000 | <input type="checkbox"/> More than \$130,000 |

THE REMAINING QUESTIONS APPLY ONLY TO YOUR PRINCIPAL CLINICAL PA POSITION.

32. In your principal clinical PA position, which other types of licensed health professionals work in your practice? [MARK YES OR NO FOR EACH HEALTH PROFESSIONAL]

- Yes No I am a solo practitioner, with an off-site licensed physician supervisor
- Yes No Physician(s)
- Yes No Advanced Practice Nurse(s)
- Yes No Registered Nurse(s)
- Yes No Other PAs
- Yes No Other health professionals (specify) _____

33. Which of the following best describes the type of practice setting in which your principal clinical PA position is located? [MARK ONE BOX]

- Ambulatory surgical center
- Community health center (Federally Qualified Health Center)
- Community health clinic (non-Federally Qualified)
- Extended care facility/nursing home
- Home health care agency
- Hospice
- Hospital (non-VA)
- Indian Health Service facility
- Occupational health setting
- Office-based private practice
- Office-based multi specialty or HMO
- Rehabilitation facility
- Rural health clinic (federally certified)
- School-based or college-based health center or school clinic
- State or local governmental facility (e.g. public health clinic)
- VA facility/hospital
- Other (specify) _____

34. Which of the following best characterizes the board certification of your **supervising physician**? [MARK ONE BOX]

- Not board certified
- Board certified in both a primary care specialty and a subspecialty
- Board certified in a primary care specialty [FAMILY PRACTICE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS]
- Board certified in a specialty/subspecialty area of practice [E.G. CARDIOLOGY, DERMATOLOGY, GASTROENTEROLOGY, OBSTETRICS/GYNECOLOGY, OTOLARYNGOLOGY, PULMONOLOGY, SURGERY]

35. Describe the **level of physician supervision/chart review** you have in your principal clinical PA position.

- [MARK YES OR NO FOR EACH OPTION]
- Yes No My supervision is limited to a biannual performance review by my supervising physician
 - Yes No About half of the charts for my patient visits are reviewed and co-signed
 - Yes No The charts for all of my complex patient visits are reviewed and co-signed
 - Yes No Selected patient charts are periodically reviewed and co-signed
 - Yes No My physician-supervisor conducts all initial patient visits and I do follow-up care only
 - Yes No The charts for all of my patient visits are reviewed and co-signed

36. Are you satisfied with the level of physician supervision/chart review you receive? [MARK ONE BOX]

- Yes, I am satisfied
- No, I wish I could receive **less** supervision/chart review
- No, I wish I could receive **more** supervision/chart review

37. Do you have routine **communication/collaboration** with your supervising physician in your principal clinical PA position? [MARK ONE BOX]

- Yes, I routinely consult with my supervising physician [Go to Q38]
- No routine direct consultation, supervising physician is **off-site** [Go to Q39]
- No routine direct consultation, supervising physician is **on-site** [Go to Q39]

38. IF YES to Q37, describe the level and kind of routine communication you have with your supervising physician. [MARK YES OR NO FOR EACH OPTION]

- Yes No I engage in regular, **reciprocal** consultation with my supervising physician
- Yes No Physician-supervisor routinely consults on **complex** patient visits
- Yes No Physician-supervisor routinely consults on about **half** of all patient visits
- Yes No Physician routinely consults on **initial** patient visits only
- Yes No Physician consults on **every** patient visit

39. Are you satisfied with the level of interaction you experience with your supervising physician? [MARK ONE BOX]

- Yes, I am satisfied
- No, I wish I had **less** interaction/consultation
- No, I wish I had **more** interaction/consultation

40. Please rate whether the following factors routinely occur in your principal clinical PA position. [MARK ONE FREQUENCY FOR EACH FACTOR LISTED BELOW]

Always	Sometimes	Never	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a member of a care team that allows me to participate in decisions related to my patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am able to bill private insurance companies for reimbursement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have positive relationships with the physicians with whom I work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I make autonomous treatment decisions for my patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am culturally competent to address the health needs of all of my patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I believe the quality of care is high at my current work setting

41. How much of a problem is each of the following issues with regard to your ability to provide high quality care in your principal clinical PA position? [MARK THE BEST RESPONSE FOR EACH FACTOR]

Not A Problem	Somewhat A Problem	Significant Problem	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having sufficient time with patients during office visits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicating with patients whose language or cultural background is different from my own
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having enough qualified specialists to whom I can refer patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receiving reports from other providers and facilities in a timely manner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced reimbursement from private insurance companies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My patients' access to needed care is limited based on their ability to pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-paying patients/bad debt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High cost of liability insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of call coverage for weekends and vacations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

42. During the regular hours of a typical work week, what proportion of time do you spend on the following activities at your principal clinical setting? [PERCENT SHOULD ADD UP TO 100%]

- _____ % Direct, face-to-face patient care
- _____ % Indirect patient care (e.g., phone calls, reviewing labs, charting)
- _____ % Administration (e.g., of own practice, hospital committees)
- _____ % Teaching/precepting
- _____ % Continuing education (e.g., courses, journal reading, video and audiotapes)
- _____ % Research
- _____ % Activities related to quality improvement or patient safety
- _____ % Other activities (specify) _____

100% TOTAL

43. _____ Outside of your regular practice hours, on average how much on-call time do you typically take? [MARK ONE BOX]

- None
- On-call for less than 15 hrs/month
- On-call between 15 and 24 hrs/month
- On-call for more than 24 hrs/month

44. Within your principal clinical setting, which new patients is your practice currently accepting? [MARK ONE BOX FOR EACH GROUP]

All	Some	None	Do not know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals covered by private insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family members of current patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals who are uninsured and paying out of pocket
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals paying on a sliding-fee scale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adults covered by Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children covered by Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant women covered by CHP+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children covered by CHP+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicare beneficiaries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals covered by Worker's Compensation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals receiving charity care

45. Please estimate the current payer mix in your principal clinical PA practice. [PERCENT SHOULD ADD UP TO 100%]

- _____ % Private insurance
- _____ % Medicare
- _____ % Medicaid
- _____ % CHP+
- _____ % TriCare/CHAMPUS/VA
- _____ % Worker's Compensation
- _____ % Self-pay and sliding-fee schedule
- _____ % Uncompensated care
- _____ % Other (specify) _____

100% TOTAL

I do not know the payer mix in the clinical practice of my principal PA position.

46. How are your professional services billed in your principal clinical practice? [MARK ONE BOX]

- Both directly and indirectly ("incident to"—under physician in practice)
- Direct billing only
- Indirect billing only ("incident to"—under physician in practice)
- Do not know

47. Do you bill your charges under your own NPI or UPIN?

- Yes
- No

48. Do you carry your own separate medical malpractice liability insurance?

- Yes No

49. Do you have a partial ownership in your principal clinical practice? [MARK ONE BOX]

- No
 Yes, 0-25% ownership
 Yes, 26-49% ownership

YOUR CAREER PLANS

50. Are you planning to leave your principal clinical PA position in the next 12 months?

- Yes [Go to Q51] No [Go to Q52]

51. IF YES to Q50, which of the following factors is influencing your decision to leave your principal clinical PA position? [MARK THE RELATIVE IMPORTANCE OF EACH FACTOR]

Very Important **Somewhat Important** **Not Important**

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plan to retire from the active workforce |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Desire a PA position in another clinical practice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Desire a primary care position that does not utilize my PA training |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Desire a non-clinical health-related position (E.G. RESEARCH, ADMINISTRATION) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Desire a position outside of health care |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Want to pursue additional education |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Want to work in an educational institution |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lack of respect for PAs by physicians and employers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work is not professionally challenging |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insufficient wages given the workload and responsibilities involved |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternity leave or other family responsibilities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health does not allow me to continue working as a PA |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify) _____ |

52. Are you interested in serving as a preceptor for PA students? [MARK ONE BOX]

- No [Go to Q54]
 Yes [Go to Q54]
 Already a preceptor [Go to Q53]

53. IF ALREADY a preceptor, what students do you precept? [MARK YES OR NO FOR EACH OPTION]

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Physician assistant students |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical students |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Doctor of Osteopathy students |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Advanced practice nursing students |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Residents |

54. Do you have an interest in becoming a core faculty member in a PA education program? [MARK ONE BOX]

- No
 Undecided
 Yes
 Already a faculty member

Please return questionnaire in the enclosed self-addressed, stamped envelope. The time you have taken to complete this survey is important and appreciated. The information collected will inform the policymaking process with regard to physician assistants in Colorado.

Thank You

LIST OF VARIABLES

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1	GENDER	Gender
2	BIRTH_YR	Year born
3	GREW_UP_LOCATION	Community grew up in
4	RACE	Ethnic/racial identification
5	FLUENT_ENG	Only fluent in English
5	FLUENT_SPN	Fluent in Spanish
5	FLUENT_RUS	Fluent in Russian
5	FLUENT_OTH	Fluent in another language
5	SPANISH	Use Spanish to communicate with patients
5	RUSSIAN	Use Russian to communicate with patients
5	OTHERLANG	Use another language to communicate with patients
5	OTHERLANG_DESC	Use another language to communicate with patients: description
6	SATISF_CAREER	Satisfaction with career as an PA
7	SATISF_COMPENSATE	Satisfaction with compensation for work as an PA
8	PRAC_LEVEL_DETRM	Policy/regulation: Practice level determination of the appropriate number of PAs an individual physician may supervise
8	PHYS_SUPER_REQ	Policy/regulation: Adaptable physician supervision requirements for new PAs
8	REIMB_POLICY	Policy/regulation: Enforceable reimbursement policies, applicable to the insurance market, that establish reimbursement levels that reflect equal pay for equal work
8	INDEP_INCENTIVE	Policy/regulation: State- or privately-sponsored incentives to establish PAs in practices in medically underserved areas, with off-site physician supervision
8	LOAN_FORGIVE	Policy/regulation: Increased access to state and federal loan forgiveness programs available to PAs who agree to practice in an underserved area of CO
8	MEDICARE_STAT	Policy/regulation: Medicare statute revisions that clearly permit physicians to delegate to PAs the ability to order home health, hospice, and skilled nursing facility care
9	AD	Completed prior to PA: Associate's Degree
9	BS	Completed prior to PA: Bachelor's Degree
9	MAST	Completed prior to PA: Master's Degree
9	PHD	Completed prior to PA: PhD
9	EMT	Completed prior to PA: EMT/Paramedic Training
9	MA	Completed prior to PA: Medical Assistant Training
9	NURSE	Completed prior to PA: Nursing Training
9	OTH_DEGREE	Completed prior to PA: Other degree
9	OTH_DEGREE_DESC	Completed prior to PA: Other degree description
10	GRAD_YR	Graduation year
11	GRAD_STATE	Graduation state
12	PA_NAME	Name of PA education program
13	PA_DEGREE	Degree or certificate awarded upon completion of initial PA training

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
13	PA_DEGREE_DESC	Degree or certificate awarded upon completion of initial PA training: description
14	HIGHEST_EDUC	Highest level of education completed
14	HIGHEST_EDUC_OTHER_DESC	Highest level of education completed: description
15	LOANS	Total loan indebtedness for PA education/training program
16	CAQ_NOT_HAVE	Certificates of Added Qualifications: Do not have
16	CAQ_CARDI_THOR	Certificates of Added Qualifications: Cardiovascular and Thoracic Surgery
16	CAQ_ER_MED	Certificates of Added Qualifications: Emergency Medicine
16	CAQ_NEPH	Certificates of Added Qualifications: Nephrology
16	CAQ_ORTHO	Certificates of Added Qualifications: Orthopedic Surgery
16	CAQ_PSYCH	Certificates of Added Qualifications: Psychiatry
17	DERM	Area of clinical practice: Dermatology
17	DERM_PCT	Area of clinical practice (percent time): Dermatology
17	ER_MED	Area of clinical practice: Emergency medicine
17	ER_MED_PCT	Area of clinical practice (percent time): Emergency medicine
17	FAM_MED	Area of clinical practice: Family/general medicine
17	FAM_MED_PCT	Area of clinical practice (percent time): Family/general medicine
17	INT_MED_GEN	Area of clinical practice: Internal Medicine (general)
17	INT_MED_GEN_PCT	Area of clinical practice (percent time): Internal Medicine (general)
17	INT_MED_SUB	Area of clinical practice: Internal Medicine (sub-specialty)
17	INT_MED_SUB_PCT	Area of clinical practice (percent time): Internal Medicine (sub-specialty)
17	OBGYN	Area of clinical practice: Obstetrics and gynecology
17	OBGYN_PCT	Area of clinical practice (percent time): Obstetrics and gynecology
17	OCCU_MED	Area of clinical practice: Occupational medicine
17	OCCU_MED_PCT	Area of clinical practice (percent time): Occupational medicine
17	ONCOL	Area of clinical practice: Oncology
17	ONCOL_PCT	Area of clinical practice (percent time): Oncology
17	PEDS_GEN	Area of clinical practice: Pediatrics (general)
17	PEDS_GEN_PCT	Area of clinical practice (percent time): Pediatrics (general)
17	PEDS_SUB	Area of clinical practice: Pediatrics (sub-specialty)
17	PEDS_SUB_PCT	Area of clinical practice (percent time): Pediatrics (sub-specialty)
17	PREVEN	Area of clinical practice: Prevention/wellness
17	PREVEN_PCT	Area of clinical practice (percent time): Prevention/wellness
17	PSYCH	Area of clinical practice: Psychiatry
17	PSYCH_PCT	Area of clinical practice (percent time): Psychiatry
17	RADI	Area of clinical practice: Radiology
17	RADI_PCT	Area of clinical practice (percent time): Radiology
17	SURG_GEN	Area of clinical practice: Surgery (general)
17	SURG_GEN_PCT	Area of clinical practice (percent time): Surgery (general)

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	SURG_SUB	Area of clinical practice: Surgery (sub-specialty)
17	SURG_SUB_PCT	Area of clinical practice (percent time): Surgery (sub-specialty)
17	OTHER	Area of clinical practice: Other
17	OTHER_PCT	Area of clinical practice (percent time): Other
17	OTHER_DESC	Area of clinical practice: Other description
17	TOTAL_AREA_PCT	Area of clinical practice: Total percent
18	PRX_AUTHORITY	Prescribe schedule II-V drugs
19	REASON_NO_PRX_1	Reason for not prescribing schedule II-V drugs: Not currently working
19	REASON_NO_PRX_2	Reason for not prescribing schedule II-V drugs: Supervising physician has not delegated prescriptive authority to me
19	REASON_NO_PRX_3	Reason for not prescribing schedule II-V drugs: Colleagues write schedule II-V prescriptions
19	REASON_NO_PRX_4	Reason for not prescribing schedule II-V drugs: Schedule II-V drugs are not used in practice
19	REASON_NO_PRX_5	Reason for not prescribing schedule II-V drugs: Prescribing schedule II-V drugs is outside area of expertise
19	REASON_NO_PRX_6	Reason for not prescribing schedule II-V drugs: Concerned about patients engaging in drug seeking behavior
19	REASON_NO_PRX_7	Reason for not prescribing schedule II-V drugs: Other
19	REASON_NO_PRX_DESC	Reason for not prescribing schedule II-V drugs: Other description
20	DEA_NUMBER	Have a DEA number
21	NO_DEA_NUM_1	Reason no DEA number: No desire to write prescriptions for controlled substances
21	NO_DEA_NUM_2	Reason no DEA number: No need to write prescriptions for controlled substances
21	NO_DEA_NUM_3	Reason no DEA number: Fee for acquiring a DEA number is too costly
21	NO_DEA_NUM_4	Reason no DEA number: Other
21	NO_DEA_NUM_DESC	Reason no DEA number: Other description
22	WORKED_YRS	Years worked in a clinical position as a PA
22	WORKED_MO	Months worked in a clinical position as a PA
22	TOTAL_WORKED_MO	Total months worked in a clinical position as a PA
23	PRAC_YRS	Years practicing as a PA in current specialty/area of clinical practice
23	PRAC_MO	Months practicing as a PA in current specialty/area of clinical practice
23	TOTAL_PRAC_MO	Total months practicing as a PA in current specialty/area of clinical practice
24	EMPLOYED_CO	Currently employed in CO in one or more clinical PA positions
25	NO_WORK_RETIRED	Reason not working as PA: Retired from the active workforce
25	NO_WORK_ANOTHER_STATE	Reason not working as PA: Practice as a PA in another state
25	NO_WORK_PC_NO_PA	Reason not working as PA: Employed in a primary health care position not requiring PA training
25	NO_WORK_HC_NO_PA	Reason not working as PA: Employed in a health-related position not requiring PA training
25	NO_WORK_EDU_PROGRAM	Reason not working as PA: Employed in a PA educational program
25	NO_WORK_ADD_EDUC	Reason not working as PA: Pursuing additional education

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_LACK_RESPECT	Reason not working as PA: Lack of respect for PAs by physicians and employers
25	NO_WORK_NO_CHALLENGE	Reason not working as PA: Work is not professionally challenging
25	NO_WORK_WAGES	Reason not working as PA: Insufficient wages
25	NO_WORK_NO_POSITIONS	Reason not working as PA: There are no PA positions available
25	NO_WORK_FAM	Reason not working as PA: Maternity leave or family responsibilities
25	NO_WORK_HEALTH	Reason not working as PA: Health does not allow me to work as an PA
25	NO_WORK_OTHER	Reason not working as PA: Other
25	NO_WORK_OTHER_DESC	Reason not working as PA: Other description
26	ANOTHER_POSITION	Employed in another position requiring your PA training
27	RSN_ADD_POSITION	Reason for additional position
27	RSN_ADD_POSITION_DESC	Reason for additional position: Other description
28	PRINCIPAL_ZIP	ZIP Code of principal PA position
28	SECONDARY_ZIP	ZIP Code of secondary PA position
29	HOURS_ALL	Hours worked during typical work week for all PA positions
29	HOURS_PRINCIPAL	Hours worked during typical work week for principal PA position
29	HOURS_SECONDARY	Hours worked during typical work week for secondary PA position
29	TOTAL_HOURS	Hours worked during typical work week for all PA and RN positions, calculated
30	PATIENTS_SEEN	Number of patients seen during a typical work week
31	INCOME	Total income before taxes in 2010 from all PA positions combined
32	PROFESSIONALS_SOLO	Health professionals work in practice: Solo Practitioner
32	PROFESSIONALS_PHYSICIANS	Health professionals work in practice: Physician(s)
32	PROFESSIONALS_APN	Health professionals work in practice: Advanced Practice Nurse(s)
32	PROFESSIONALS_RN	Health professionals work in practice: Registered Nurse(s)
32	PROFESSIONALS_OTHER_PA	Health professionals work in practice: Other PAs
32	PROFESSIONALS_OTHER	Health professionals work in practice: Other health professionals
32	PROFESSIONALS_OTHER_DESC	Health professionals work in practice: Other health professionals (description)
33	SETTING	Type of practice setting of principal PA position
33	SETTING_DESC	Type of practice setting of principal PA position: Other description
34	SUPER_PHYSICIAN_CERT	Board certification of supervising physician
35	LEVEL_SUPERVISION_BIENNIAL	Level of supervision: Biannual performance review
35	LEVEL_SUPERVISION_HALF	Level of supervision: Half of charts are reviewed and co-signed
35	LEVEL_SUPERVISION_ALL_COMPLEX	Level of supervision: Charts for complex visits are reviewed and co-signed
35	LEVEL_SUPERVISION_SELECT	Level of supervision: Selected patient charts are periodically reviewed and co-signed
35	LEVEL_SUPERVISION_FOLLOWUP_ONLY	Level of supervision: Do follow-up care only
35	LEVEL_SUPERVISION_ALL	Level of supervision: Charts for all patient visits are reviewed and co-signed
36	SAT_LEVEL_SUPERVISION	Satisfaction with the level of physician supervision/chart review
37	COMMUNICATION	Routine communication/collaboration with supervising physician

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
38	COMM_RECIPROCAL	Routine communication: Reciprocal consultation with supervising physician
38	COMM_COMPLEX	Routine communication: Supervising physician routinely consults on complex patient visits
38	COMM_HALF	Routine communication: Supervising physician routinely consults on about half of all patient visits
38	COMM_INITIAL	Routine communication: Supervising physician routinely consults on initial patient visits
38	COMM_EVERY	Routine communication: Supervising physician consults on every patient visit
39	LEVEL_INTERACTION	Satisfaction with level of interaction with supervising physician
40	PRINCIPAL_TEAM	Principal PA position: Member of care team that allows participation in decisions related to patients
40	PRINCIPAL_BILLING	Principal PA position: Able to bill private insurance for reimbursement
40	PRINCIPAL_RELATIONSHIP	Principal PA position: Positive relationships with the physicians
40	PRINCIPAL_AUTONOMOUS	Principal PA position: Autonomous decisions with regard to patients
40	PRINCIPAL_CULTURAL	Principal PA position: Culturally competent to address the health needs of all patients
40	PRINCIPAL_QUALITY	Principal PA position: Believe the quality of care is high at current work setting
41	PROB_TIME	Problem: Having sufficient time with patients during office visits
41	PROB_COMMUNICATION	Problem: Communicating with patients whose language or cultural background is different from my own
41	PROB_SPECIALISTS	Problem: Having enough qualified specialists available to whom I can refer patients
41	PROB_REPORT	Problem: Receiving reports from other providers and facilities in a timely manner
41	PROB_REIMB	Problem: Reduced reimbursement from private insurance companies
41	PROB_ACCESS	Problem: Patient access to needed care is limited based on their ability to pay
41	PROB_NONPAY	Problem: Non-paying patients/bad debt
41	PROB_LIABILITY	Problem: High cost of liability insurance
41	PROB_COVERAGE	Problem: Lack of call coverage for weekends and vacations
41	PROB_OTHER	Problem: Other
41	PROB_OTHER_DESC	Problem: Other description
42	PCT_TIME_DIRECT	Percent of time during typical work week: Direct face-to-face patient care
42	PCT_TIME_INDIRECT	Percent of time during typical work week: Indirect patient care
42	PCT_TIME_ADMIN	Percent of time during typical work week: Administration
42	PCT_TIME_TEACHING	Percent of time during typical work week: Teaching/precepting
42	PCT_TIME_CONT_EDUC	Percent of time during typical work week: Continuing education
42	PCT_TIME_RESEARCH	Percent of time during typical work week: Research
42	PCT_TIME_QUAL_IMPROVE	Percent of time during typical work week: Activities related to quality improvement or patient safety
42	PCT_TIME_OTHER	Percent of time during typical work week: Other activities
42	PCT_TIME_TOTAL	Percent of time during typical work week: Total
42	PCT_TIME_OTHER_DESC	Percent of time during typical work week: Other activities description

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
43	ONCALL_TIME	On-call time typically taken during a month
44	ACCEPT_NEW_PRIV_INS	Accept patients: Private insurance
44	ACCEPT_NEW_FAMILY	Accept patients: Family members of current patients
44	ACCEPT_NEW_UNINSURED	Accept patients: Uninsured and paying out of pocket
44	ACCEPT_NEW_SLIDE_FEE	Accept patients: Sliding-fee scale
44	ACCEPT_NEW_AD_MDCCD	Accept patients: Adults covered by Medicaid
44	ACCEPT_NEW_CH_MDCCD	Accept patients: Children covered by Medicaid
44	ACCEPT_NEW_WMN_CHP	Accept patients: Pregnant women covered by CHP+
44	ACCEPT_NEW_CH_CHP	Accept patients: Children covered by CHP+
44	ACCEPT_NEW_MDCR	Accept patients: Medicare beneficiaries
44	ACCEPT_NEW_WC	Accept patients: Workers compensation
44	ACCEPT_NEW_CHARITY	Accept patients: Charity care
45	PCT_PRIV_INS	Payer mix: Private insurance
45	PCT_MDCR	Payer mix: Medicare
45	PCT_MDCCD	Payer mix: Medicaid
45	PCT_CHP	Payer mix: CHP+
45	PCT_TRICARE	Payer mix: TriCare/CHAMPUS/VA
45	PCT_WC	Payer mix: Workers Compensation
45	PCT_SELFPAY	Payer mix: Self-pay and sliding fee schedule
45	PCT_UNCOMPENSATED	Payer mix: Uncompensated care
45	PCT_OTHER	Payer mix: Other
45	PCT_TOTAL	Payer mix: Total
45	PCT_DONTKNOW	Payer mix: Do not know
45	PCT_OTHER_DESC	Payer mix: Other description
46	SERVICES_BILLED	Billing of professional services
47	BILL_NPI_UPIN	Bill charges under your own NPI or UPIN
48	OWN_MALPRACTICE	Carry your own malpractice liability insurance
49	OWNERSHIP	Partial ownership in your principal clinical practice
50	LEAVE_12MO	Planning to leave principal PA position in the next 12 months
51	LEAVE_RSN_RETIRE	Reason for leaving practice: Plan to retire from the active workforce
51	LEAVE_RSN_ANOTHER_CLINIC	Reason for leaving practice: Desire a position in another clinical practice
51	LEAVE_RSN_PC_NO_PA	Reason for leaving practice: Desire a primary care position that does not utilize my PA training
51	LEAVE_RSN_NONCLINICAL	Reason for leaving practice: Desire a non-clinical health-related position
51	LEAVE_RSN_NO_HC	Reason for leaving practice: Desire a position outside of health care
51	LEAVE_RSN_ADD_EDUC	Reason for leaving practice: Want to pursue additional education
51	LEAVE_RSN_WORK_EDUC	Reason for leaving practice: Want to work in an educational institution
51	LEAVE_RSN_LACK_RESP	Reason for leaving practice: Lack of respect for PAs by physicians and employers

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
51	LEAVE_RSN_NO_CHALLENGE	Reason for leaving practice: Work is not professionally challenging
51	LEAVE_RSN_WAGES	Reason for leaving practice: Insufficient wages given the workload and responsibilities involved
51	LEAVE_RSN_FAM	Reason for leaving practice: Family responsibilities
51	LEAVE_RSN_HEALTH	Reason for leaving practice: Health does not allow me to continue working as an PA
51	LEAVE_RSN_OTHER	Reason for leaving practice: Other
51	LEAVE_RSN_OTHER_DESC	Reason for leaving practice: Other description
52	PRECEPTOR	Interested in serving as a preceptor for PA students
53	ALREADY_PRECEP_PA	Already a preceptor for PA students
53	ALREADY_PRECEP_MD	Already a preceptor for medical students
53	ALREADY_PRECEP_DO	Already a preceptor for Doctor of Osteopathy students
53	ALREADY_PRECEP_APN	Already a preceptor for APN students
53	ALREADY_PRECEP_RES	Already a preceptor for residents
54	INTEREST_FACULTY	Interested in becoming a faculty member in a PA education program
N/A	COMMENTS	
CREATED VARIABLE	PRINCIPAL_CITY_FROM_ZIP	City: principal PA position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_STATE_FROM_ZIP	State: principal PA position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_COUNTY_FROM_ZIP	County: principal PA position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_FIPS_FROM_ZIP	FIPS code: principal PA position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_URBAN_FROM_ZIP	Urban/Not-urban: principal PA position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_RUCA2_FROM_ZIP	RUCA2 code: principal PA position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_CITY_FROM_ZIP	City: secondary PA position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_STATE_FROM_ZIP	State: secondary PA position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_COUNTY_FROM_ZIP	County: secondary PA position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_FIPS_FROM_ZIP	FIPS code: secondary PA position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_URBAN_FROM_ZIP	Urban/Not-urban: secondary PA position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_RUCA2_FROM_ZIP	RUCA2 code: secondary PA position address (derived from ZIP code)
CREATED VARIABLE	AGE	Age (years as of 2011)
CREATED VARIABLE	GRAD_AGE	Num of yrs from birth to graduation
CREATED VARIABLE	GRAD_NUMYRS	Num of yrs from graduation to survey

CODEBOOK AND FREQUENCIES

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1	GENDER	Gender
	TYPE	LENGTH
	Numeric	8
	FORMAT	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	4	13
1	Female	409	1261
2	Male	172	624
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
2	BIRTH_YR	Year born
	TYPE	LENGTH
	Numeric	8
	FORMAT	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	34
>0	>0	574	1864
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
3	GREW_UP_LOCATION	Community grew up in

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	7
-6	Invalid answer/out of range	4	13
1	Urban	105	360
2	Rural	166	480
3	Suburban	308	1039
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
4	RACE	Ethnic/racial identification

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	17
-6	Invalid answer/out of range	1	3
1	Multi-racial/multi-ethnic	18	61
2	Native American or Alaska Native	2	4
3	Asian	11	38
4	Black/African American	2	5
5	Hispanic/Latino	16	52
7	White, not Hispanic	529	1718
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5	FLUENT_ENG	Fluent only in English

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	44	141
0	No	103	325
1	Yes	438	1433
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5	FLUENT_SPN	Fluent in Spanish

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	334	1094
0	No	185	601
1	Yes	66	204
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5	FLUENT_RUS	Fluent in Russian

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	387	1255
0	No	198	643
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5	FLUENT_OTH	Fluent in another language

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	402	1295
0	No	157	519
1	Yes	26	84
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5	SPANISH	Use Spanish to communicate with patients

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	345	1129
0	No	50	168
1	Yes	190	601
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5	RUSSIAN	Use Russian to communicate with patients

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	473	1532
0	No	107	348
1	Yes	5	19
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5	OTHERLANG	Use another language to communicate with patients

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	455	1475
0	No	91	300
1	Yes	39	123
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5	OTHERLANG_DESC	Use another language to communicate with patients: description

TYPE	LENGTH	FORMAT
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not Applicable	91	300
-9	Missing/Unknown	457	1483
0	non-missing	37	115
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 6 SATISF_CAREER Satisfaction with career as an PA

TYPE **LENGTH** **FORMAT**
 Numeric 8 Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
1	1-Very Satisfied	163	539
2	2	206	657
3	3	101	327
4	4	20	65
5	5	14	40
6	6	15	50
7	7	11	38
8	8	27	89
9	9	17	58
10	10-Very Dissatisfied	11	36
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 7 SATISF_COMPENSATE Satisfaction with compensation for work as an PA

TYPE **LENGTH** **FORMAT**
 Numeric 8 Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	1	3
-6	Invalid answer/out of range	1	4
1	1-Very Satisfied	64	214
2	2	77	256
3	3	145	463
4	4	107	337
5	5	62	200
6	6	43	141
7	7	33	107
8	8	32	106
9	9	11	37
10	10-Very Dissatisfied	9	30
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
8	PRAC_LEVEL_DETRM	Policy/regulation: Practice level determination of the appropriate number of PAs an individual physician may supervise

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	8	24
1	Very Important	204	670
2	Somewhat Important	315	1025
3	Not Important	58	179
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
8	PHYS_SUPER_REQ	Policy/regulation: Adaptable physician supervision requirements for new PAs

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	8	26
1	Very Important	298	958
2	Somewhat Important	249	812
3	Not Important	30	102
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
8	REIMB_POLICY	Policy/regulation: Enforceable reimbursement policies, applicable to the insurance market, that establish reimbursement levels that reflect equal pay for equal work

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	40
1	Very Important	498	1632
2	Somewhat Important	67	206
3	Not Important	7	20
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
8	INDEP_INCENTIVE	Policy/regulation: State- or privately-sponsored incentives to establish PAs in practices in medically underserved areas, with off-site physician supervision

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	28
-6	Invalid answer/out of range	1	4
1	Very Important	415	1336
2	Somewhat Important	153	509
3	Not Important	7	20
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
8	LOAN_FORGIVE	Policy/regulation: Increased access to state and federal loan forgiveness programs available to PAs who agree to practice in an underserved area of CO

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	32
1	Very Important	415	1354
2	Somewhat Important	145	465
3	Not Important	15	47
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
8	MEDICARE_STAT	Policy/regulation: Medicare statute revisions that clearly permit physicians to delegate to PAs the ability to order home health, hospice, and skilled nursing facility care

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	36
1	Very Important	489	1591
2	Somewhat Important	79	250
3	Not Important	6	21
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	AD	Completed prior to PA: Associate's Degree

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	221	704
0	No	264	863
1	Yes	100	331
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	BS	Completed prior to PA: Bachelor's Degree

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	34	105
0	No	45	142
1	Yes	506	1650
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	MAST	Completed prior to PA: Master's Degree

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	239	765
0	No	276	887
1	Yes	70	246
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	PHD	Completed prior to PA: PhD

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	271	876
0	No	313	1019
1	Yes	1	3
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	EMT	Completed prior to PA: EMT/Paramedic Training

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	194	622
0	No	214	706
1	Yes	177	570
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	MA	Completed prior to PA: Medical Assistant Training

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	253	814
0	No	273	896
1	Yes	59	187
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	NURSE	Completed prior to PA: Nursing Training

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	246	795
0	No	288	941
1	Yes	51	162
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	OTHER_DEGREE	Completed prior to PA: Other degree

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	315	1016
0	No	205	674
1	Yes	65	208
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	OTHER_DEGREE_DESC	Completed prior to PA: Other degree description

TYPE	LENGTH	FORMAT
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not Applicable	205	674
-9	Missing	380	1224
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
10	GRAD_YR	Graduation year

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	9
>0	>0	583	1889
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
11	GRAD_STATE	Graduation state

TYPE	LENGTH	FORMAT
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	4	14
Non-Colorado	Non-Colorado	370	1179
Colorado	Colorado	211	705
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
12	PA_NAME	Name of PA education program

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	4	11
1	University of Colorado Physician Assistant Program	156	516
2	Red Rocks Community College Physician Assistant Program	45	157
3	Other program	380	1214
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
13	PA_DEGREE	Degree or certificate awarded upon completion of initial PA training
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	9
-6	Invalid answer/out of range	20	70
1	PA Associate's Degree	21	64
2	PA Bachelor's Degree	116	389
3	PA Master's Degree	254	827
4	PA Certificate	145	451
5	PA Military Training Certification	5	11
6	Other	22	77
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
13	PA_DEGREE_DESC	Degree or certificate awarded upon completion of initial PA training described
	TYPE Character	LENGTH 255
		FORMAT Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-6	Invalid answer/out of range	36	126
-8	Not applicable	541	1742
-9	Missing	3	13
0	Non-missing	5	17
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
14	HIGHEST_EDUC	Highest level of education completed

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	6
-6	Invalid answer/out of range	17	57
1	Associate's Degree	10	29
2	Bachelor's Degree	138	433
3	Master's Degree	377	1243
4	Ph.D	4	13
5	Professional Doctorate (e.g. MD, DO, DrPh, PsyD)	3	12
6	Certificate Program	27	80
7	Other	7	25
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
14	HIGHEST_EDUC_DESC	Highest level of education completed: description

TYPE	LENGTH	FORMAT
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-6	Invalid answer/out of range	22	73
-8	Not applicable	559	1810
-9	Missing/Unknown	3	10
0	non-missing	1	4
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
15	LOANS	Total loan indebtedness for PA education/training program

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	19
-6	Invalid answer/out of range	2	5
1	Did not have loans	103	331
2	\$10,000 or less	34	109
3	\$10,001 to \$20,000	46	149
4	\$20,001 to \$30,000	56	188
5	\$30,001 to \$40,000	46	139
6	\$40,001 to \$50,000	43	140
7	\$50,001 to \$60,000	44	145
8	\$60,001 to \$70,000	53	172
9	\$70,001 to \$80,000	43	144
10	\$80,001 to \$90,000	36	115
11	\$90,001 to \$100,000	25	79
12	More than \$100,000	48	162
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	CAQ_NOT_HAVE	Certificates of Added Qualifications: Do not have

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
0	No	21	67
1	Yes	564	1831
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	CAQ_CARDI_THOR	Certificates of Added Qualifications: Cardiovascular and Thoracic Surgery

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
0	No	584	1894
1	Yes	1	4
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	CAQ_ER_MED	Certificates of Added Qualifications: Emergency Medicine

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
0	No	584	1894
1	Yes	1	4
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	CAQ_NEPH	Certificates of Added Qualifications: Nephrology

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
0	No	585	1898
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	CAQ_ORTHO	Certificates of Added Qualifications: Orthopedic Surgery

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
0	No	583	1890
1	Yes	2	8
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	CAQ_PSYCH	Certificates of Added Qualifications: Psychiatry

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
0	No	583	1892
1	Yes	2	6
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	DERM	Area of clinical practice: Dermatology

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	12	42
0	No	509	1658
1	Yes	64	199
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	DERM_PCT	Area of clinical practice (percent time): Dermatology

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	501	1631
>0	>0	56	176
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	ER_MED	Area of clinical practice: Emergency medicine

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	37
-6	Invalid answer/out of range	1	4
0	No	453	1468
1	Yes	120	389
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	ER_MED_PCT	Area of clinical practice (percent time): Emergency medicine

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	443	1438
>0	>0	114	369
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	FAM_MED	Area of clinical practice: Family/general medicine

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	30
0	No	357	1205
1	Yes	219	664
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	FAM_MED_PCT	Area of clinical practice (percent time): Family/general medicine

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	352	1189
>0	>0	205	618
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	INT_MED_GEN	Area of clinical practice: Internal Medicine (general)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	11	38
0	No	498	1612
1	Yes	76	248
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	INT_MED_GEN_PCT	Area of clinical practice (percent time): Internal Medicine (general)

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	490	1587
>0	>0	67	220
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	INT_MED_SUB	Area of clinical practice: Internal Medicine (sub-specialty)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-.9	Missing	13	45
0	No	545	1760
1	Yes	27	93
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	INT_MED_SUB_PCT	Area of clinical practice (percent time): Internal Medicine (sub-specialty)

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	531	1718
>0	>0	26	89
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	OBGYN	Area of clinical practice: Obstetrics and gynecology

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-.9	Missing	12	42
0	No	542	1760
1	Yes	31	97
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	OBGYN_PCT	Area of clinical practice (percent time): Obstetrics and gynecology

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	534	1735
>0	>0	23	72
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	OCCU_MED	Area of clinical practice: Occupational medicine

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-.9	Missing	13	45
0	No	546	1770
1	Yes	26	83
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	OCCU_MED_PCT	Area of clinical practice (percent time): Occupational medicine

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	535	1737
>0	>0	22	70
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	ONCOL	Area of clinical practice: Oncology

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-.9	Missing	13	45
0	No	561	1818
1	Yes	11	35
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	ONCOL_PCT	Area of clinical practice (percent time): Oncology

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	549	1781
>0	>0	8	26
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	PEDS_GEN	Area of clinical practice: Pediatrics (general)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	31
0	No	496	1604
1	Yes	80	263
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	PEDS_GEN_PCT	Area of clinical practice (percent time): Pediatrics (general)

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	488	1575
>0	>0	69	232
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	PEDS_SUB	Area of clinical practice: Pediatrics (sub-specialty)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	42
0	No	548	1769
1	Yes	25	88
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	PEDS_SUB_PCT	Area of clinical practice (percent time): Pediatrics (sub-specialty)

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	536	1732
>0	>0	21	75
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	PREVEN	Area of clinical practice: Prevention/wellness

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	42
0	No	528	1717
1	Yes	45	140
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	PREVEN_PCT	Area of clinical practice (percent time): Prevention/wellness

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	526	1712
>0	>0	31	95
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	PSYCH	Area of clinical practice: Psychiatry

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	42
0	No	541	1754
1	Yes	32	102
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	PSYCH_PCT	Area of clinical practice (percent time): Psychiatry

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	534	1733
>0	>0	23	74
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	RADI	Area of clinical practice: Radiology

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	14	48
0	No	556	1804
1	Yes	15	45
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	RADI_PCT	Area of clinical practice (percent time): Radiology

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	548	1781
>0	>0	9	26
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	SURG_GEN	Area of clinical practice: Surgery (general)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	15	52
0	No	556	1804
1	Yes	14	42
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	SURG_GEN_PCT	Area of clinical practice (percent time): Surgery (general)

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	543	1765
>0	>0	14	42
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	SURG_SUB	Area of clinical practice: Surgery (sub-specialty)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	42
0	No	464	1492
1	Yes	109	365
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	SURG_SUB_PCT	Area of clinical practice (percent time): Surgery (sub-specialty)

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	457	1471
>0	>0	100	336
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	OTHER	Area of clinical practice: Other

TYPE	LENGTH	FORMAT
Num	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	15	50
0	No	455	1470
1	Yes	115	378
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	OTHER_PCT	Area of clinical practice (percent time): Other

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	12	41
-6	Invalid answer/out of range	16	50
0	0	453	1466
>0	>0	104	341
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	OTHER_DESC	Area of clinical practice: Other description

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	318	1006
-8	Invalid answer/out of range	157	529
0	Non-missing	110	363
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
17	TOTAL_AREA_PCT	Area of clinical practice: Total percent

TYPE	LENGTH	FORMAT
Numeric	8	continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	-9	28	91
100	100	557	1807
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
18	PRX_AUTHORITY	Prescribe schedule II-V drugs

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	3	11
0	No	36	121
1	Yes	546	1766
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
19	REASON_NO_PRX_1	Reason for not prescribing schedule II-V drugs: Not currently working

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	43
-8	Not Applicable	543	1755
-7	Skip pattern violation	3	11
0	No	23	78
1	Yes	3	11
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
19	REASON_NO_PRX_2	Reason for not prescribing schedule II-V drugs: Supervising physician has not delegated prescriptive authority to me

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	51
-8	Not Applicable	543	1755
-7	Skip pattern violation	3	11
0	No	23	78
1	Yes	1	3
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
19	REASON_NO_PRX_3	Reason for not prescribing schedule II-V drugs: Colleagues write schedule II-V prescriptions

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	25
-8	Not Applicable	544	1758
-7	Skip pattern violation	2	8
0	No	8	25
1	Yes	24	82
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
19	REASON_NO_PRX_4	Reason for not prescribing schedule II-V drugs: Schedule II-V drugs are not used in practice

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	46
-8	Not Applicable	544	1758
-7	Skip pattern violation	2	8
0	No	18	62
1	Yes	8	24
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
19	REASON_NO_PRX_5	Reason for not prescribing schedule II-V drugs: Prescribing schedule II-V drugs is outside area of expertise	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	14	47
-8	Not Applicable	544	1758
-7	Skip pattern violation	2	8
0	No	24	82
1	Yes	1	3
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
19	REASON_NO_PRX_6	Reason for not prescribing schedule II-V drugs: Concerned about patients engaging in drug seeking behavior	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	46
-8	Not Applicable	544	1758
-7	Skip pattern violation	2	8
0	No	16	53
1	Yes	10	34
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
19	REASON_NO_PRX_7	Reason for not prescribing schedule II-V drugs: Other

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	21	73
-8	Not Applicable	543	1755
-7	Skip pattern violation	3	11
0	No	11	37
1	Yes	7	22
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
19	REASON_NO_PRX_DESC	Reason for not prescribing schedule II-V drugs: Other description

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	21	73
-8	Not Applicable	554	1792
-7	Skip pattern violation	3	11
0	Non-missing	7	22
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
20	DEA_NUMBER	Have a DEA number

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	8
0	No	75	255
1	Yes	508	1636
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
21	NO_DEA_NUM_1	Reason no DEA number: No desire to write prescriptions for controlled substances

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	29	100
-8	Not Applicable	507	1632
-7	Skip pattern violation	1	3
0	No	29	100
1	Yes	19	63
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
21	NO_DEA_NUM_2	Reason no DEA number: No need to write prescriptions for controlled substances

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	20	71
-8	Not Applicable	507	1632
-7	Skip pattern violation	1	3
0	No	28	93
1	Yes	29	98
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
21	NO_DEA_NUM_3	Reason no DEA number: Fee for acquiring a DEA number is too costly

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	22	76
-8	Not Applicable	506	1629
-7	Skip pattern violation	2	7
0	No	14	47
1	Yes	41	139
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
21	NO_DEA_NUM_4	Reason no DEA number: Other

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	37	123
-8	Not Applicable	506	1629
-7	Skip pattern violation	2	7
0	No	18	63
1	Yes	22	76
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
21	NO_DEA_NUM_DESC	Reason no DEA number: Other description

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	38	126
-8	Not Applicable	524	1692
-7	Skip pattern violation	2	7
0	Non-missing	21	73
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
22	WORKED_YRS	Years worked in a clinical position as a PA

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	10	32
0	0	19	66
>0	>0	556	1800
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
22	WORKED_MO	Months worked in a clinical position as a PA

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	128	402
0	0	34	113
>0	>0	423	1383
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
22	TOTAL_WORKED_MO	Total months worked in a clinical position as a PA

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	8	27
0	Non-missing	577	1871
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
23	PRAC_YR	Years practicing as a PA in current specialty/area of clinical practice

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	23	70
0	0	34	116
>0	>0	528	1712
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
23	PRAC_MO	Months practicing as a PA in current specialty/area of clinical practice

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	141	439
0	0	42	141
>0	>0	402	1318
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
23	TOTAL_PRAC_MO	Total months practicing as a PA in current specialty/area of clinical practice

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	22
0	0	1	3
>0	>0	577	1873
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
24	EMPLOYED_CO	Currently employed in CO in one or more clinical PA positions

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	2	5
0	No	37	117
1	Yes	546	1776
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_RETIRED	Reason not working as PA: Retired from the active workforce

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	51
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	15	48
1	Yes	7	23
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_ANOTHER_STATE	Reason not working as PA: Practice as a PA in another state

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	58
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	16	52
1	Yes	5	12
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_PRIM_HC_NO_PA	Reason not working as PA: Employed in primary health care setting not requiring PA training

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	63
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	18	57
1	Yes	1	2
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_HC_NO_PA	Reason not working as PA: Employed in a health-related position not requiring PA training

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	52
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	16	48
1	Yes	6	21
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_EDU_PROGRAM	Reason not working as PA: Employed in a PA educational program

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	63
-8	Not Applicable	543	1765
-7	Skip pattern violation	3	11
0	No	19	59
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_ADD_EDUC	Reason not working as PA: Pursuing additional education

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	63
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	18	55
1	Yes	1	4
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_LACK_RESPECT	Reason not working as PA: Lack of respect for PAs by physicians and employers

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	63
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	16	48
1	Yes	3	11
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_NO_CHALLENGE	Reason not working as PA: Work is not professionally challenging

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	20	63
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	19	59
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_WAGES	Reason not working as PA: Insufficient wages

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	54
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	16	48
1	Yes	6	19
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_NO_POSITIONS	Reason not working as PA: There are no PA positions available

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	19	59
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	16	49
1	Yes	4	13
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_FAM	Reason not working as PA: Maternity leave or family responsibilities

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	56
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	17	53
1	Yes	4	13
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_HEALTH	Reason not working as PA: Health does not allow me to work as an PA

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	63
-8	Not Applicable	544	1769
-7	Skip pattern violation	2	8
0	No	19	59
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_OTHER	Reason not working as PA: Other

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	22	68
-8	Not Applicable	544	1771
-7	Skip pattern violation	2	5
0	No	8	23
1	Yes	9	31
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_OTHER_DESC	Reason not working as PA: Other description

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	22	68
-8	Not Applicable	552	1794
-7	Skip pattern violation	2	5
0	Non-missing	9	31
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
26	ANOTHER_POSITION	Employed in another position requiring your PA training

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	3	11
-8	Not Applicable	30	95
-7	Skip pattern violation	7	22
1	Yes, work 2+ PA positions	82	256
2	Yes, work in both clinical and non-clinical PA positions	18	61
3	No, work in only 1 clinical PA position	445	1454
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
27	RSN_ADD_POSITION	Reason for additional position

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	4	14
-8	Not Applicable	482	1570
-6	Invalid answer/out of range	5	13
1	To supplement the earnings from principal PA position	39	123
2	Was not offered fulltime work in principal PA position	5	12
3	To gain experience in a different aspect of clinical care	12	42
4	Enjoy working in various clinical settings	22	73
5	Other	16	50
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
27	RSN_ADD_POSITION_DESC	Reason for additional position: Other description

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	488	1592
-8	Not Applicable	78	250
-6	Invalid answer/out of range	5	13
0	Non-missing	14	43
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
28	PRINCIPAL_ZIP	ZIP Code of principal PA position

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	49	160
-6	Invalid answer/out of range	5	17
0	Non-missing	531	1721
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
28	SECONDARY_ZIP	ZIP Code of secondary PA position

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	56	179
-8	Not Applicable	437	1425
-7	Skip pattern violation	26	90
-6	Invalid answer/out of range	1	4
0	Non-missing	65	200
TOTAL		585	1897

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
29	HOURS_ALL	Hours worked during typical work week for all PA positions

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	44	140
-8	Not Applicable	29	89
-7	Skip pattern violation	8	27
0	Non-missing	504	1642
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
29	HOURS_PRINCIPAL	Hours worked during typical work week for principal PA position

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	183	584
-8	Not Applicable	32	101
-7	Skip pattern violation	5	15
0	Non-missing	365	1198
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
29	HOURS_SECONDARY	Hours worked during typical work week for secondary PA position

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	13	36
-8	Not Applicable	442	1434
-7	Skip pattern violation	58	197
0	Non-missing	72	231
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
29	TOTAL_HOURS	Hours worked during typical work week for all PA and RN positions, calculated

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	2	6
-8	Not Applicable	28	86
-7	Skip pattern violation	9	31
0	Non-missing	546	1775
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
30	PATIENTS_SEEN	Number of patients seen during a typical work week

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	32
-8	Not Applicable	30	94
-7	Skip pattern violation	7	23
0	Non-missing	538	1749
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
31	INCOME	Total income before taxes in 2010 from all PA positions combined

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	8	28
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
1	Not working as a PA in 2010	2	4
2	Less than \$40000	40	128
3	\$40,001 to \$50,000	28	85
4	\$50,001 to \$60,000	38	117
5	\$60,001 to \$70,000	63	207
6	\$70,001 to \$80,000	100	319
7	\$80,001 to \$90,000	98	322
8	\$90,001 to \$100,000	68	211
9	\$100,001 to \$110,000	51	172
10	\$110,001 to \$120,000	18	63
11	\$120,001 to \$130,000	16	60
12	More than \$130,000	18	64
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
32	PROFESSIONALS_SOLO	Health professionals work in practice: Solo Practitioner'

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	210	682
-8	Not Applicable	32	101
-7	Skip pattern violation	5	15
0	No	318	1040
1	Yes	20	60
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
32	PROFESSIONALS_PHYSICIANS	Health professionals work in practice: Physician(s)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	54
-8	Not Applicable	31	96
-7	Skip pattern violation	6	20
0	No	6	18
1	Yes	525	1710
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
32	PROFESSIONALS_APN	Health professionals work in practice: Advanced Practice Nurse(s)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	134	432
-8	Not Applicable	32	100
-7	Skip pattern violation	5	17
0	No	195	624
1	Yes	219	726
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
32	PROFESSIONALS_RN	Health professionals work in practice: Registered Nurse(s)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	112	373
-8	Not Applicable	32	100
-7	Skip pattern violation	5	17
0	No	136	451
1	Yes	300	958
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
32	PROFESSIONALS_OTHER_PA	Health professionals work in practice: Other PAs

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	66	208
-8	Not Applicable	31	96
-7	Skip pattern violation	6	20
0	No	88	267
1	Yes	394	1307
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
32	PROFESSIONALS_OTHER	Health professionals work in practice: Other health professionals

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	153	493
-8	Not Applicable	31	96
-7	Skip pattern violation	6	21
0	No	115	367
1	Yes	280	922
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
32	PROFESSIONALS_OTHER_DESC	Health professionals work in practice: Other health professionals (description)

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	173	558
-8	Not Applicable	147	466
-7	Skip pattern violation	5	18
0	Non-missing	260	856
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
33	SETTING	Type of practice setting of principal PA position

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	4	15
-8	Not Applicable	30	95
-7	Skip pattern violation	7	22
-6	Invalid answer/out of range	10	29
2	Community health center (Federally Qualified Health Center)	43	141
3	Community health clinic (non-Federally Qualified)	13	31
4	Extended care facility/nursing home	3	10
7	Hospital (non-VA)	93	315
8	Indian Health Services facility	1	4
9	Occupational health setting	6	19
10	Office-based private practice	250	825
11	Office-based multi specialty or HMO	38	136
12	Rehabilitation facility	3	10
13	Rural health clinic (federally certified)	15	32
14	School-based or college-based health center or school clinic	6	16
15	State or local governmental facility (e.g. public health clinic)	8	21
16	VA facility/hospital	5	16
17	Other	50	159
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
33	SETTING_DESC	Type of practice setting of principal PA position: Other description

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	17
-8	Not Applicable	507	1650
-7	Skip pattern violation	14	45
-6	Invalid answer/out of range	10	29
0	Non-missing	49	157
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
34	SUPER_PHYSICIAN_CERT	Board certification of supervising physician

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	9
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	3	13
1	Not board certified	8	21
2	Board certified in both primary care specialty and a subspecialty	57	190
3	Board certified in a primary care specialty	262	823
4	Board certified in a specialty/subspecialty area of practice	216	727
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
35	LEVEL_SUPERVISION_BIENNIAL	Level of supervision: Biannual performance review

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	139	455
-8	Not Applicable	30	94
-7	Skip pattern violation	7	23
0	No	218	710
1	Yes	191	616
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
35	LEVEL_SUPERVISION_HALF	Level of supervision: Half of charts are reviewed and co-signed

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	186	605
-8	Not Applicable	31	98
-7	Skip pattern violation	6	19
0	No	324	1049
1	Yes	38	127
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
35	LEVEL_SUPERVISION_ALL_COMPLEX	Level of supervision: Charts for complex visits are reviewed and co-signed

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	169	549
-8	Not Applicable	31	98
-7	Skip pattern violation	6	19
-6	Invalid answer/out of range	1	3
0	No	243	784
1	Yes	135	446
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
35	LEVEL_SUPERVISION_SELECT	Level of supervision: Selected patient charts are periodically reviewed and co-signed

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	141	461
-8	Not Applicable	31	98
-7	Skip pattern violation	6	19
0	No	194	624
1	Yes	213	696
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
35	LEVEL_SUPERVISION_FOLLOWUP_ONLY	Level of supervision: Do follow-up care only

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	184	597
-8	Not Applicable	31	98
-7	Skip pattern violation	6	19
0	No	340	1106
1	Yes	24	79
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
35	LEVEL_SUPERVISION_ALL	Level of supervision: Charts for all patient visits are reviewed and co-signed

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	101	329
-8	Not Applicable	30	95
-7	Skip pattern violation	7	22
0	No	247	798
1	Yes	200	655
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
36	SAT_LEVEL_SUPERVISION	Satisfaction with the level of physician supervision/chart review

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	1	4
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
1	Yes, I am satisfied	481	1574
2	No, I wish I could receive LESS supervision/chart review	30	94
3	No, I wish I could receive MORE supervision/chart review	36	109
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
37	COMMUNICATION	Routine communication/collaboration with supervising physician

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	8
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	1
1	Yes, I routinely consult with my supervising physician	491	1599
2	No routine direct consultation, supervising physician is OFF-SITE	26	78
3	No routine direct consultation, supervising physician is ON-SITE	28	95
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
38	COMM_RECIPROCAL	Routine communication: Reciprocal consultation with supervising physician

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	70	220
-8	Not Applicable	73	231
-7	Skip pattern violation	18	59
0	No	64	201
1	Yes	360	1188
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
38	COMM_COMPLEX	Routine communication: Supervising physician routinely consults on complex patient visits

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	108	350
-8	Not Applicable	69	221
-7	Skip pattern violation	22	68
0	No	85	261
1	Yes	301	997
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
38	COMM_HALF	Routine communication: Supervising physician routinely consults on about half of all patient visits

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	158	513
-8	Not Applicable	76	240
-7	Skip pattern violation	15	49
0	No	297	956
1	Yes	39	139
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
38	COMM_INITIAL	Routine communication: Supervising physician routinely consults on initial patient visits

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	159	516
-8	Not Applicable	77	245
-7	Skip pattern violation	14	45
0	No	316	1025
1	Yes	19	67
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
38	COMM EVERY	Routine communication: Supervising physician consults on every patient visit

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	150	490
-8	Not Applicable	76	240
-7	Skip pattern violation	15	49
0	No	312	1023
1	Yes	32	96
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
39	LEVEL_INTERACTION	Satisfaction with level of interaction with supervising physician

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	8
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
1	Yes, I am satisfied	494	1604
2	No, I wish I had LESS interaction/consultation	10	33
3	No, I wish I had MORE interaction/consultation	42	137
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
40	PRINCIPAL_TEAM	Principal PA position: Member of care team that allows participation in decisions related to patients

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	3	8
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
1	Always	506	1645
2	Sometimes	31	103
3	Never	8	25
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
40	PRINCIPAL_BILLING	Principal PA position: Able to bill private insurance for reimbursement

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	101
-8	Not Applicable	30	94
-7	Skip pattern violation	7	23
1	Always	269	872
2	Sometimes	111	356
3	Never	137	452
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
40	PRINCIPAL_RELATIONSHIP	Principal PA position: Positive relationships with the physicians

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	16
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	4
1	Always	487	1594
2	Sometimes	53	165
3	Never	1	2
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
40	PRINCIPAL_AUTONOMOUS	Principal PA position: Autonomous decisions with regard to patients

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	3	10
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	2
1	Always	420	1367
2	Sometimes	122	398
3	Never	2	4
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
40	PRINCIPAL_CULTURE	Principal PA position: Culturally competent to address the health needs of all patients	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	6
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	2	8
1	Always	400	1303
2	Sometimes	143	460
3	Never	1	4
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
40	PRINCIPAL_QUALITY	Principal PA position: Believe the quality of care is high at current work setting	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	3	10
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	4
1	Always	507	1647
2	Sometimes	37	120
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_TIME	Problem: Having sufficient time with patients during office visits

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	23
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	4
1	Not a problem	282	914
2	Somewhat a problem	221	721
3	Significant problem	35	118
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_COMMUNICATION	Problem: Communicating with patients whose language or cultural background is different from my own

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	14
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
1	Not a problem	228	743
2	Somewhat a problem	297	967
3	Significant problem	17	55
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_SPECIALISTS	Problem: Having enough qualified specialists available to whom I can refer patients
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	13
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	3
1	Not a problem	369	1247
2	Somewhat a problem	127	380
3	Significant problem	46	138
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_REPORT	Problem: Receiving reports from other providers and facilities in a timely manner
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	16
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
1	Not a problem	202	670
2	Somewhat a problem	295	956
3	Significant problem	45	139
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_REIMB	Problem: Reduced reimbursement from private insurance companies

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	45	138
-8	Not Applicable	30	94
-7	Skip pattern violation	7	23
-6	Invalid answer/out of range	1	3
1	Not a problem	139	468
2	Somewhat a problem	246	784
3	Significant problem	117	387
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_ACCESS	Problem: Patient access to needed care is limited based on their ability to pay

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	24
-8	Not Applicable	30	94
-7	Skip pattern violation	7	23
-6	Invalid answer/out of range	1	3
1	Not a problem	133	445
2	Somewhat a problem	258	845
3	Significant problem	147	464
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_NONPAY	Problem: Non-paying patients/bad debt

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	38
-8	Not Applicable	30	94
-7	Skip pattern violation	7	23
-6	Invalid answer/out of range	1	3
1	Not a problem	149	497
2	Somewhat a problem	287	927
3	Significant problem	98	316
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_LIABILITY	Problem: High cost of liability insurance

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	19	58
-8	Not Applicable	30	94
-7	Skip pattern violation	7	23
1	Not a problem	289	954
2	Somewhat a problem	185	595
3	Significant problem	55	174
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_COVERAGE	Problem: Lack of call coverage for weekends and vacations

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	19	56
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	2	5
1	Not a problem	418	1370
2	Somewhat a problem	83	265
3	Significant problem	26	85
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_OTHER	Problem: Other

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	497	1616
-8	Not Applicable	36	113
-7	Skip pattern violation	1	3
1	Not a problem	19	63
2	Somewhat a problem	14	43
3	Significant problem	18	59
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
41	PROB_OTHER_DESC	Problem: Other description

TYPE	LENGTH	FORMAT
Character	255	Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	518	1684
-8	Not Applicable	38	120
0	Non-missing	29	94
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_DIRECT	Percent of time during typical work week: Direct face-to-face patient care

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	14
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	13	43
0	0	1	3
>0	>0	529	1722
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_INDIRECT	Percent of time during typical work week: Indirect patient care

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	14
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	13	43
0	0	38	120
>0	>0	492	1605
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_ADMIN	Percent of time during typical work week: Administration

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	14
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	13	43
0	0	369	1190
>0	>0	161	535
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_TEACHING	Percent of time during typical work week: Teaching/precepting

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	14
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	13	43
0	0	340	1084
>0	>0	190	641
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_CONT_EDUC	Percent of time during typical work week: Continuing education

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	14
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	13	43
0	0	221	707
>0	>0	309	1018
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_RESEARCH	Percent of time during typical work week: Research

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	14
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	13	43
0	0	466	1509
>0	>0	64	216
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_QUAL_IMPROVE	Percent of time during typical work week: Activities related to quality improvement or patient safety

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	14
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	13	43
0	0	402	1318
>0	>0	128	407
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_OTHER	Percent of time during typical work week: Other activities

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	14
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	13	43
0	0	493	1608
>0	>0	37	117
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_TOTAL	Percent of time during typical work week: Total

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	58
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
100	100	530	1724
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
42	PCT_TIME_OTHER_DESC	Percent of time during typical work week: Other activities description

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	14	43
-8	Not Applicable	535	1741
-7	Skip pattern violation	8	26
0	Non-missing	28	88
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
43	ONCALL_TIME	On-call time typically taken during a month

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	15
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
1	None	321	1028
2	On-call for less than 15 hrs/month	66	226
3	On-call between 15 and 24 hrs/month	29	95
4	On-call more than 24 hrs/month	127	418
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
44 ACCEPT_NEW_PRIV_INS Accept patients: Private insurance

TYPE **LENGTH** **FORMAT**
Numeric 8 Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	22	71
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	3
1	All	409	1316
2	Some	63	208
3	None	32	109
4	Do Not Know	21	74
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
44 ACCEPT_NEW_FAMILY Accept patients: Family members of current patients

TYPE **LENGTH** **FORMAT**
Numeric 8 Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	27	88
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	3
1	All	369	1181
2	Some	95	319
3	None	25	81
4	Do Not Know	31	110
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
44 ACCEPT_NEW_UNINSURED Accept patients: Uninsured and paying out of pocket

TYPE **LENGTH** **FORMAT**
Numeric 8 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	23	75
-8	Not Applicable	30	92
-7	Skip pattern violation	7	24
-6	Invalid answer/out of range	1	3
1	All	342	1075
2	Some	124	429
3	None	33	111
4	Do Not Know	25	88
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
44 ACCEPT_NEW_SLIDE_FEE Accept patients: Sliding-fee scale

TYPE **LENGTH** **FORMAT**
Numeric 8 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	30	98
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	3
1	All	206	638
2	Some	84	287
3	None	143	475
4	Do Not Know	84	280
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
44 ACCEPT_NEW_AD_MDCD Accept patients: Adults covered by Medicaid

TYPE **LENGTH** **FORMAT**
Numeric 8 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	31	102
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	3
1	All	217	662
2	Some	113	387
3	None	155	523
4	Do Not Know	31	104
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
44 ACCEPT_NEW_CH_MDCD Accept patients: Children covered by Medicaid

TYPE **LENGTH** **FORMAT**
Numeric 8 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	24	77
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	3
1	All	231	719
2	Some	97	329
3	None	165	548
4	Do Not Know	30	105
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 44 ACCEPT_NEW_WMN_CHP Accept patients: Pregnant women covered by CHP+

TYPE **LENGTH** **FORMAT**
 Numeric 8 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	29	94
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	3	8
1	All	178	542
2	Some	37	126
3	None	198	660
4	Do Not Know	103	352
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 44 ACCEPT_NEW_CH_CHP Accept patients: Children covered by CHP+

TYPE **LENGTH** **FORMAT**
 Numeric 8 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	28	90
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	2	5
1	All	221	684
2	Some	59	198
3	None	159	529
4	Do Not Know	79	275
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
44	ACCEPT_NEW_MDCR	Accept patients: Medicare beneficiaries

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	27	90
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	2	7
1	All	295	920
2	Some	88	304
3	None	81	275
4	Do Not Know	55	185
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
44	ACCEPT_NEW_WC	Accept patients: Workers compensation

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	30	94
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	3	10
1	All	241	741
2	Some	92	311
3	None	120	410
4	Do Not Know	62	215
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
44	ACCEPT_NEW_CHARITY	Accept patients: Charity care

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	37	122
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	1	3
1	All	165	507
2	Some	99	329
3	None	115	389
4	Do Not Know	131	431
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_PRIV_INS	Payer mix: Private insurance

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	166	524
-8	Not Applicable	32	100
-7	Skip pattern violation	4	13
-6	Invalid answer/out of range	43	136
0	0	45	151
>0	>0	295	974
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_MDCR	Payer mix: Medicare

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	166	524
-8	Not Applicable	32	100
-7	Skip pattern violation	4	13
-6	Invalid answer/out of range	43	136
0	0	97	333
>0	>0	243	793
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_MDCC	Payer mix: Medicaid

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	166	524
-8	Not Applicable	32	100
-7	Skip pattern violation	4	13
-6	Invalid answer/out of range	43	136
0	0	113	378
>0	>0	227	747
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_CHP	Payer mix: CHP+

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	166	524
-8	Not Applicable	32	100
-7	Skip pattern violation	4	13
-6	Invalid answer/out of range	43	136
0	0	227	755
>0	>0	113	371
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_TRICARE	Payer mix: TriCare/CHAMPUS/VA

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	166	524
-8	Not Applicable	32	100
-7	Skip pattern violation	4	13
-6	Invalid answer/out of range	43	136
0	0	197	641
>0	>0	143	484
TOTAL		585	1898

Created variables

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 45 PCT_WC Payer mix: Workers Compensation

TYPE **LENGTH** **FORMAT**
 Numeric 8 Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	166	524
-8	Not Applicable	32	100
-7	Skip pattern violation	4	13
-6	Invalid answer/out of range	43	136
0	0	211	705
>0	>0	129	420
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 45 PCT_SELFPAY Payer mix: Self-pay and sliding fee schedule

TYPE **LENGTH** **FORMAT**
 Numeric 8 Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	166	524
-8	Not Applicable	32	100
-7	Skip pattern violation	4	13
-6	Invalid answer/out of range	43	136
0	0	93	315
>0	>0	247	810
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_UNCOMPENSATED	Payer mix: Uncompensated care

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	166	524
-8	Not Applicable	32	100
-7	Skip pattern violation	4	13
-6	Invalid answer/out of range	43	136
0	0	244	809
>0	>0	96	317
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_OTHER	Payer mix: Other

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	166	524
-8	Not Applicable	32	100
-7	Skip pattern violation	4	13
-6	Invalid answer/out of range	43	136
0	0	313	1032
>0	>0	27	93
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_TOTAL	Payer mix: Total

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	208	656
-8	Not Applicable	33	104
-7	Skip pattern violation	4	13
100	100	340	1125
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_DONTKNOW	Payer mix: Do not know

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-7	Skip pattern violation	37	117
0	No	385	1266
1	Yes	163	515
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	PCT_OTHER_DESC	Payer mix: Other description

TYPE	LENGTH	FORMAT
Character	255	Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	168	529
-8	Not Applicable	388	1268
-7	Skip pattern violation	4	13
0	Non-missing	25	88
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
46	SERVICES_BILLED	Billing of professional services

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	15	48
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
-6	Invalid answer/out of range	3	11
1	Both directly and indirectly ("incident to"--under physician in practice)	162	526
2	Direct billing only	45	151
3	Indirect billing only ("incident to"--under physician in practice)	54	183
4	Do not know	269	863
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
47	BILL_NPI_UPIN	Bill charges under your own NPI or UPIN

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	69	230
-8	Not Applicable	30	94
-7	Skip pattern violation	7	23
-6	Invalid answer/out of range	3	9
0	No	179	603
1	Yes	297	940
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
48	OWN_MALPRACTICE	Carry your own malpractice liability insurance

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	22
-8	Not Applicable	30	94
-7	Skip pattern violation	7	23
0	No	455	1479
1	Yes	87	280
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
49	OWNERSHIP	Partial ownership in your principal clinical practice

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	4	15
-8	Not Applicable	29	90
-7	Skip pattern violation	8	26
1	No	537	1743
2	Yes, 0-25% ownership	2	8
3	Yes, 26-49% ownership	5	16
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
50	LEAVE_12MO	Planning to leave principal PA position in the next 12 months

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	4	16
-8	Not Applicable	28	86
-7	Skip pattern violation	9	31
0	No	475	1545
1	Yes	69	220
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
51	LEAVE_RSN_RETIRE	Reason for leaving practice: Plan to retire from the active workforce

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	51
-8	Not Applicable	508	1649
-7	Skip pattern violation	4	12
1	Very Important	6	23
2	Somewhat Important	4	9
3	Not Important	48	153
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
51	LEAVE_RSN_ANOTHER_CLINIC	Reason for leaving practice: Desire a position in another clinical practice

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	33
-8	Not Applicable	508	1649
-7	Skip pattern violation	4	12
1	Very Important	36	116
2	Somewhat Important	13	45
3	Not Important	15	43
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
51	LEAVE_RSN_PC_NO_PA	Reason for leaving practice: Desire a primary care position that does not utilize my PA training

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	56
-8	Not Applicable	508	1649
-7	Skip pattern violation	4	12
1	Very Important	1	4
3	Not Important	56	177
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
51	LEAVE_RSN_NONCLINICAL	Reason for leaving practice: Desire a non-clinical health-related position

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	56
-8	Not Applicable	508	1649
-7	Skip pattern violation	4	12
1	Very Important	2	7
2	Somewhat Important	9	26
3	Not Important	46	148
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
51	LEAVE_RSN_NO_HC	Reason for leaving practice: Desire a position outside of health care	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	59
-8	Not Applicable	508	1649
-7	Skip pattern violation	4	12
1	Very Important	3	9
2	Somewhat Important	5	12
3	Not Important	48	158
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
51	LEAVE_RSN_ADD_EDUC	Reason for leaving practice: Want to pursue additional education	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	73	237
-8	Not Applicable	512	1661
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
51	LEAVE_RSN_WORK_EDU	Reason for leaving practice: Want to work in an educational institution	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	73	237
-8	Not Applicable	512	1661
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
51	LEAVE_RSN_LACK_RESPECT	Reason for leaving practice: Lack of respect for PAs by physicians and employers	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	55
-8	Not Applicable	507	1648
-7	Skip pattern violation	5	14
1	Very Important	18	53
2	Somewhat Important	6	18
3	Not Important	34	109
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	TYPE	LENGTH	FORMAT
51	LEAVE_RSN_NO_CHALLENGE	Reason for leaving practice: Work is not professionally challenging	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	54
-8	Not Applicable	507	1648
-7	Skip pattern violation	5	14
1	Very Important	8	26
2	Somewhat Important	13	44
3	Not Important	37	113
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	TYPE	LENGTH	FORMAT
51	LEAVE_RSN_WAGES	Reason for leaving practice: Insufficient wages given the workload and responsibilities involved	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	55
-8	Not Applicable	507	1648
-7	Skip pattern violation	5	14
1	Very Important	28	86
2	Somewhat Important	15	51
3	Not Important	15	45
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	TYPE	LENGTH	FORMAT
51	LEAVE_RSN_FAM	Reason for leaving practice: Family responsibilities	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	56
-8	Not Applicable	506	1643
-7	Skip pattern violation	6	19
1	Very Important	6	20
2	Somewhat Important	11	38
3	Not Important	40	123
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	TYPE	LENGTH	FORMAT
51	LEAVE_RSN_HEALTH	Reason for leaving practice: health does not allow me to continue working as an PA	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	62
-8	Not Applicable	508	1649
-7	Skip pattern violation	4	12
1	Very Important	1	4
2	Somewhat Important	2	8
3	Not Important	52	162
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	TYPE	LENGTH	FORMAT
51	LEAVE_RSN_OTHER	Reason for leaving practice: Other	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	60	197
-8	Not Applicable	510	1656
-7	Skip pattern violation	2	5
1	Very Important	7	19
2	Somewhat Important	1	4
3	Not Important	5	16
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	TYPE	LENGTH	FORMAT
51	LEAVE_RSN_OTHER_DESC	Reason for leaving practice: Other description	Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	63	207
-8	Not Applicable	511	1658
-7	Skip pattern violation	1	3
0	Non-missing	10	30
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
52	PRECEPTOR	Interested in serving as a preceptor for PA students

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	33
-8	Not Applicable	28	89
-7	Skip pattern violation	9	28
-6	Invalid answer/out of range	23	75
1	No	178	576
2	Yes	162	516
3	Already a preceptor	176	582
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
53	ALREADY_PRECEP_PA	Already a preceptor for PA students

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	33
-8	Not Applicable	343	1094
-7	Skip pattern violation	34	114
0	No	4	13
1	Yes	194	644
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
53	ALREADY_PRECEP_MD	Already a preceptor for medical students

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	50	166
-8	Not Applicable	351	1121
-7	Skip pattern violation	26	87
0	No	80	263
1	Yes	78	260
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
53	ALREADY_PRECEP_DO	Already a preceptor for Doctor of Osteopathy students

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	64	204
-8	Not Applicable	357	1143
-7	Skip pattern violation	20	66
0	No	107	359
1	Yes	37	127
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
53	ALREADY_PRECEP_APN	Already a preceptor for APN students

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	58	186
-8	Not Applicable	355	1135
-7	Skip pattern violation	22	73
0	No	97	326
1	Yes	53	178
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
53	ALREADY_PRECEP_RES	Already a preceptor for residents

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	56	174
-8	Not Applicable	355	1137
-7	Skip pattern violation	22	71
0	No	105	348
1	Yes	47	168
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
54	INTEREST_FACULTY	Interested in becoming a faculty member in a PA education program

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	3	11
-6	Invalid answer/out of range	5	16
1	No	263	826
2	Undecided	179	594
3	Yes	122	406
4	Already a faculty member	13	46
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
N/A	COMMENTS	0

TYPE	LENGTH	FORMAT
Character	412	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	422	1388
0	non-missing	163	510
TOTAL		585	1898

Created Variables

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
CREATED VARIABLE	PRINCIPAL_CITY_FROM_ZIP	City: principal PA position address (derived from ZIP code)	
	TYPE	LENGTH	FORMAT
	Character	28	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	56	183
0	non-missing	529	1715
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
CREATED VARIABLE	PRINCIPAL_STATE_FROM_ZIP	State: principal PA position address (derived from ZIP code)	
	TYPE	LENGTH	FORMAT
	Character	2	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	56	183
CO	Colorado	529	1715
TOTAL		585	1898

QUESTION NUMBER

CREATED VARIABLE

VARIABLE NAME

PRINCIPAL_COUNTY_FROM_ZIP

DESCRIPTION

County: principal PA position address (derived from ZIP code)

TYPE

Character

LENGTH

43

FORMATText

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	56	183
0	non-missing	529	1715
TOTAL		585	1898

QUESTION NUMBER

CREATED VARIABLE

VARIABLE NAME

PRINCIPAL_FIPS_FROM_ZIP

DESCRIPTION

FIPS code: principal PA position address (derived from ZIP code)

TYPE

Numeric

LENGTH

8

FORMATContinuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	56	183
>0	>0	529	1715
TOTAL		585	1898

**QUESTION
NUMBER**
CREATED
VARIABLE

VARIABLE NAME
PRINCIPAL_URBAN_FROM_ZIP

DESCRIPTION
Urban/Not-urban: principal PA position address (derived from ZIP code)

TYPE
Numeric

LENGTH
8

FORMAT
Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	58	189
0	Rural	99	181
1	Urban	428	1528
TOTAL		585	1898

**QUESTION
NUMBER**
CREATED
VARIABLE

VARIABLE NAME
PRINCIPAL_RUCA2_FROM_ZIP

DESCRIPTION
RUCA2 code: principal PA position address (derived from ZIP code)

TYPE
Numeric

LENGTH
8

FORMAT
Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	58	189
>0	>0	527	1709
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	SECONDARY_CITY_FROM_ZIP	City: secondary PA position address (derived from ZIP code)

TYPE	LENGTH	FORMAT
Character	28	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	520	1697
0	non-missing	65	201
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	SECONDARY_STATE_FROM_ZIP	State: secondary PA position address (derived from ZIP code)

TYPE	LENGTH	FORMAT
Character	2	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	520	1697
Colorado	Colorado	65	201
TOTAL		585	1898

QUESTION NUMBER

CREATED VARIABLE

VARIABLE NAME

SECONDARY_COUNTY_FROM_ZIP

DESCRIPTION

County: secondary PA position address (derived from ZIP code)

TYPE

Character

LENGTH

43

FORMATText

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	520	1697
0	non-missing	65	201
TOTAL		585	1898

QUESTION NUMBER

CREATED VARIABLE

VARIABLE NAME

SECONDARY_FIPS_FROM_ZIP

DESCRIPTION

FIPS code: secondary PA position address (derived from ZIP code)

TYPE

Numeric

LENGTH

8

FORMATContinuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	520	1697
>0	>0	65	201
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	SECONDARY_URBAN_FROM_ZIP	Urban/Not-urban: secondary PA position address (derived from ZIP code)
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	521	1701
0	Rural	17	33
1	Urban	47	164
TOTAL		585	1898

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	SECONDARY_RUCA2_FROM_ZIP	RUCA2 code: secondary PA position address (derived from ZIP code)
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	521	1701
>0	>0	64	197
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 CREATED AGE Age (years) as of 2011
 VARIABLE

TYPE **LENGTH** **FORMAT**
 Numeric 8 Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing/Unknown	11	34
>0	>0	574	1864
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 CREATED GRAD_AGE Num of yrs from birth to graduation
 VARIABLE

TYPE **LENGTH** **FORMAT**
 Numeric 8 Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing/Unknown	13	43
>0	>0	572	1855
TOTAL		585	1898

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 CREATED GRAD_NUMYRS Number of years from graduation to survey
 VARIABLE

TYPE **LENGTH** **FORMAT**
 Numeric 8 Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing/Unknown	2	9
>0	>0	583	1889
TOTAL		585	1898

APPENDIX A BUSINESS RULES FOR DATA CLEANING

The Colorado Health Institute (CHI) used the following business rules to edit data obtained from the 2011 Colorado Physician Assistant (PA) Workforce Survey.

For more information, contact Rebecca Crepin at 720.382.7086 or crepinr@ColoradoHealthInstitute.org.

General Rules:

1. Terminology- Unless otherwise stated, “-6” refers to an Invalid Answer/Out of Range; “-7” refers to the respondent answering a question that should have been skipped; “-8” means the question is missing due to a skip pattern; and “-9” means the respondent did not answer the question.
2. Case exclusions- If the principal PA position ZIP Code (Q28) was out of state and the respondent indicated he or she was working in Colorado (Q24=yes) the case was excluded.
3. Calculated variables- When the value was missing, regardless of the reason, all created variables were set to -9 (includes missing due to blank responses as well as invalid or inconsistent responses). This rule applied to such variables as age, graduation age and number of years since graduation.
4. Contradictory answers within an item- If more than one item was marked for items with strictly one option, the variable was coded as -6; if nothing was marked, the resulting variable was coded as -9. This rule applied to Q1, Q3, Q4, Q6, Q7, Q12, Q13, Q14, Q15, Q18, Q20, Q24, Q26, Q27, Q31, Q33, Q34, Q36, Q37, Q39, Q43, Q46, Q47, Q48, Q49, Q50, Q52 and Q54.
5. For items with a series of yes/no questions- if respondent marked both “yes” and “no” on any sub-portion, the particular portion where this occurred was coded as -6. This rule applied to Q5, Q9, Q19, Q21, Q25, Q32, Q35, Q38 and Q53.
6. For items with a series of scale questions- if respondent marked two or more of the categories (“very important,” “somewhat important,” or “not important”; “always,” “sometimes” or “never”; “not a problem,” “somewhat a problem” or “significant problem”; or “all,” “some,” “none” or “do not know”) on any sub-portion, the particular portion where this occurred was coded as -6. This rule applied to Q8, Q40, Q41, Q44 and Q51.

Skip Patterns:

1. (Q18 and Q19) If the respondent marked “yes” to Q18 but responded to Q19, then Q19 was coded -7. If Q19 was blank under this scenario (as it should have been), it was marked with a value of -8.
2. (Q20 and Q21) If the respondent marked “yes” to Q20 but responded to Q21, then Q21 was coded -7. If the response to Q21 was blank (as it should have been), Q21 was coded -8.
3. (Q24 and Q25) If the respondent marked “yes” to Q24 but responded to Q25, then Q25 items were coded -7. If the responses to Q25 items were blank (as they should have been), Q25 items were coded -8.
4. (Q26 and Q27) If the respondent marked “no” to Q26 but responded to Q27, then Q27 was coded -7. If the response to Q27 was blank (as it should have been), Q27 was coded -8.
5. (Q37 and Q38) If the respondent marked “no” to Q37 but responded to Q38, then Q38 was coded -7. If the response to Q38 was blank (as it should have been), Q38 was coded -8.
6. (Q50 and Q51) If the respondent marked “no” to Q50 but responded to Q51, then Q51 items were coded -7. If the responses to Q51 items were blank (as they should have been), Q51 items were coded -8.
7. (Q52 and Q53) If the respondent marked “already a preceptor” to Q52 but responded to Q53, then Q53 was coded -7. If the response to Q53 was blank (as it should have been), Q53 was coded -8.

Question-Specific Rules:

1. (Q2) If the year born specified was before 1900, the value was reset to -6.
2. (Q2 and Q10) If 13 years or fewer had elapsed from the time of birth to graduation year, then the created variable GRAD_AGE (graduation age) was set to -9.
3. (Q11) If the state marked was not valid or XX for "foreign country" was listed, the value was set to -6. If the answer was blank, the value was set at -9.
4. (Q5, Q9, Q17, Q19, Q21, Q25 and Q32) Description for "other" category: If the description for "Other" was filled in, the "yes/no" indicator was set to "yes" (1). If the "Other" portion had been coded to -6 due to the respondent marking both "yes" and "no," the description text field was coded to -6 as well. If the final coded value was 0 for the "Other" indicator and the text description was blank, the description field was set at -8.
5. (Q12, Q13, Q14, Q27 and Q33) If the respondent marked more than one of the "non-other" options, the value was set to -6. If the respondent marked one option from the first set as well as "Other," the first response was used and the text description was blanked out and coded -6. If the respondent did not mark any box but put something in the text description field, the categorical variable was coded to "Other" and the text description retained. For "Other" text items, if the respondent marked another option, then "Other" was marked as -8.
6. (Q16) Since this is a check all that apply question, all variables that were checked were coded "yes" (1) and all variables that were not checked were coded "no" (0).
7. (Q17, Q42 and Q45) If the sum of the percentages did not total 100, then all variables were coded -6. If the sum of the percentages totaled 100 and some variables were left blank, those blank variables were coded 0.
8. (Q45) If the "do not know" box was checked,
 - If all of the percent variables were left blank, then the percent variables were coded -9.
 - If some of the percent variables were filled in (but did not add to 100), then the percent variables were coded -6.
 - If the percent variables totaled 100, then the "do not know" variable was coded 0 and the percent variables were retained.

If the "do not know" box was not checked,

- If the sum of the percent variables did not total 100, then all variables were coded -6.
- If the sum of the percent variables totaled 100 and some variables were left blank, those blank variables were coded 0.

APPENDIX B
SAMPLING AND RESPONSE SUMMARY BY STRATA

STRATA	NUMBER RESPONDING	ELIGIBLE²	POPULATION	RESPONSE RATE
Females: isolated	12	26	26	46.2%
Females: small rural	38	54	55	70.4%
Females: large rural	21	41	42	51.2%
Females: urban	345	534	1163	64.6%
Males: rural	45	82	82	54.9%
Males: urban	126	244	533	51.6%
TOTAL	587	981	1901	59.8%

² Eligible includes the number of active licensed physician assistant in the sample with a contact address in Colorado minus out of state, unable to forward and non-responses.

APPENDIX C
POSTCARDS AND COVER LETTERS



Colorado Health Institute
303 E. 17th Avenue, Suite 930
Denver, CO 80203

Within a week the Colorado Health Institute will be mailing you a questionnaire for physician assistants licensed in Colorado, as part of an important research project on behalf of The Colorado Trust. We hope you will choose to be a part of this project by completing the survey when it arrives.

Your participation will help us understand the challenges and barriers faced by Colorado's physician assistants and inform evidence-based recommendations to address key issues.

I am writing you in advance because we have found many people like to know ahead of time that they will be contacted.

Thank you for your time and consideration in helping make our research successful.
Sincerely,

A handwritten signature in cursive script that reads 'Michele Lueck'.

Michele Lueck
President and CEO

January 7, 2011

Survey # xxxx

xxxxx
xxxxxxxxxxx
xxxxxxxxxxxxxxxx

Dear Mr./Ms. xxxxxx:

Colorado policymakers need to have a better understanding of the education, training and practice issues related to physician assistants (PAs), in order to develop sound health profession workforce policies in our state. In order to inform our policymakers, we need reliable data about your experiences and practice as a PA. For this reason, we are asking you to complete the enclosed 2011 Physician Assistant Workforce Survey. Your responses are **extremely important**. With your help we can develop an accurate picture of the roles and responsibilities of PAs, as well as identify the barriers and challenges PAs face in the delivery of patient care. Your name was randomly selected from a list of currently licensed physician assistants who have a Colorado professional address. Your participation will ensure a representative sample of the PA workforce in Colorado. Please be assured that the responses you provide are confidential.

The Colorado Health Institute is conducting this survey, which is funded by The Colorado Trust. We have worked closely with Colorado PAs, as well as other workforce professionals nationwide, to develop the survey you will be completing.

We value your participation. The survey should take approximately twenty minutes to complete. A high response rate will ensure the reliability of the findings and help us accurately portray the workforce issues faced by Colorado's PAs. Please assist us in better informing Colorado policymakers by completing this important survey.

Commonly Asked Questions about the survey are included on the back of this letter. If you have any additional questions about the survey or about the Colorado Health Institute, please contact Jacqueline Colby, CHI's Health Professions Workforce Program Manager, at 303.831.4200 x 225.

Warm regards,



Michele Lueck
President and CEO

COMMONLY ASKED QUESTIONS

Who are the Colorado policymakers who will see the summary results?

CHI will share a report of the physician assistant (PA) survey findings with interested individuals and groups including:

- Legislators
- Colorado physician assistant programs
- Providers
- Colorado foundations, such as The Colorado Trust, Caring for Colorado and The Colorado Health Foundation
- Colorado Rural Health Center
- Colorado Area Health Education Centers

Why is this survey important?

The 2011 PA Survey Findings Report will complement the Governor's Task Force on *Collaborative Scopes of Care Report*. It will aid the Colorado Rural Health Center in identifying opportunities for rural providers to recruit physician assistants. The Colorado Area Health Education Centers will use this data to develop opportunities to increase high school students' interests in health careers. The Colorado Health Institute will inform legislators about training and practice issues related to physician assistants to inform their workforce deliberations.

How was I selected to be in the sample?

Using the home or work address contained in the Colorado Department of Regulatory Agency's physician assistant licensure file, CHI randomly selected your name. Only physician assistants with a Colorado home or work address were chosen for participation. You are one of 1,000 PAs who were randomly selected throughout the state to complete the questionnaire.

If I am retired or not working as a physician assistant, should I still complete the questionnaire?

Yes. Questions 1-25 and question 54 apply to all PAs, even if you are not currently employed as a PA. Please answer these selected questions and return the enclosed questionnaire in the self-addressed stamped envelope. Your name will then be taken off CHI's mailing list for any further contact.

Who sees my answers?

CHI staff members working on the survey have signed a confidentiality agreement to protect the confidentiality of the data collected. Before the public sees the summary results or a research data file, CHI staff will ensure that survey responses that could identify an individual are re-coded to protect the confidentiality of all survey respondents.

How much time does the questionnaire take?

The survey contains a total of 54 questions but you will not have to answer them all. Based on a pre-test of the survey instrument, we estimate the questionnaire will take approximately 20-25 minutes to complete.

What happens if I do not respond?

This is a voluntary survey. However, if you do not respond your experiences and views cannot be included in the survey results. This will make the results less representative of all physician assistants in the state.

Can I see a report from the survey?

Yes. If you would like a copy of the final report based on this survey, please contact Megan Dwyer, CHI research assistant, at 303.831.4200 x 206 or dwyerm@coloradohealthinstitute.org.



Colorado Health Institute
303 E. 17th Avenue, Suite 930
Denver, CO 80203

Dear Colleague,

Last week you received a letter inviting you to participate in the Physician Assistant Workforce Survey. Your name was drawn from a list of currently licensed physician assistants in Colorado.

If you have already completed the survey and returned it to us, please accept our sincere thanks. If not, we ask that you please do so at your earliest convenience. In order to understand better the issues facing your profession, and to develop more comprehensive evidence-based recommendations to address the challenges you face in your practice, we ask for your participation in this important survey.

If you did not receive a questionnaire, or if it was misplaced, please call Megan Dwyer at 303.831.4200 x 206 and she will send you another copy of the survey promptly.

Sincerely,

A handwritten signature in cursive script that reads 'Michele Lueck'.

Michele Lueck
President and CEO

January 28, 2011

Survey # xxxx

xxxxx
xxxxxxxxxxx
xxxxxxxxxxxxxxxx

Dear Mr./Ms. xxxxxx:

About three weeks ago the Colorado Health Institute mailed you a Physician Assistant (PA) workforce questionnaire that asked about your educational background and experiences as a PA in Colorado. To date, we have not received your completed survey.

The individuals who have returned the survey report a range of direct patient care and administrative experiences and issues—both positive and negative. CHI is committed to ensuring that the results of the survey will be used to inform state policymakers, program developers, educators and funders' decisions with regard to preparing the future physician assistant workforce in Colorado for the opportunities and challenges that lie ahead.

We are writing to you because your participation is important to the success of this effort. As we stated in the first letter, your responses will be confidential and answers will only be reported in the aggregate.

A few people have called to say they are retired or working in a position other than physician assistant. If this is true for you, we ask you to simply complete survey questions 1-25 and 54 and return it to CHI in the enclosed envelope.

Another copy of the questionnaire is enclosed with this letter, it will take approximately twenty minutes to complete. If you have any additional questions about the survey or about the Colorado Health Institute, please contact Jacqueline Colby, CHI's Health Professions Workforce Program Manager, at 720.382.7095. Thank you very much for your participation in this important survey effort.

Sincerely,



Michele Lueck
President and CEO

COMMONLY ASKED QUESTIONS

How many people have responded?

As of January 28, CHI has received 378 completed surveys. The response rate for the survey so far is 38 percent. We need a 50% response rate to draw conclusions statewide.

Who are the Colorado policymakers who will see the summary results?

CHI will share a report of the physician assistant (PA) survey findings with interested individuals and groups including:

- Legislators
- Colorado physician assistant programs
- Colorado foundations, such as The Colorado Trust, Caring for Colorado and The Colorado Health Foundation
- Colorado Rural Health Center
- Colorado Area Health Education Centers

Why is this survey important?

The 2011 PA Survey Findings Report will complement the Governor's Task Force on *Collaborative Scopes of Care Report*. It will aid the Colorado Rural Health Center in identifying opportunities for rural providers to recruit physician assistants. The Colorado Area Health Education Centers will use this data to develop opportunities to increase high school students' interests in health careers. The Colorado Health Institute will inform legislators about training and practice issues related to physician assistants to inform their workforce deliberations.

How was I selected to be in the sample?

Using the home or work address contained in the Colorado Department of Regulatory Agency's physician assistant licensure file, CHI randomly selected your name. Only physician assistants with a Colorado home or work address were chosen for participation. You are one of 1,000 PAs who were randomly selected throughout the state to complete the questionnaire.

If I am retired or not working as a physician assistant, should I still complete the questionnaire?

Yes. Questions 1-25 and question 54 apply to all PAs, even if you are not currently employed as a PA. Please answer these selected questions and return the enclosed questionnaire in the self-addressed stamped envelope. Your name will then be taken off CHI's mailing list for any further contact.

Who sees my answers?

CHI staff members working on the survey have signed a confidentiality agreement to protect the confidentiality of the data collected. Before the public sees the summary results or a research data file, CHI staff will ensure that survey responses that could identify an individual are re-coded to protect the confidentiality of all survey respondents.

How much time does the questionnaire take?

The survey contains a total of 54 questions but you will not have to answer them all. Based on a pre-test of the survey instrument, we estimate the questionnaire will take approximately 20-25 minutes to complete.

What happens if I do not respond?

This is a voluntary survey. However, if you do not respond your experiences and views cannot be included in the survey results. This will make the results less representative of all physician assistants in the state.

Can I see a report from the survey?

Yes. If you would like a copy of the final report based on this survey, please contact Megan Dwyer, CHI research associate, at 720.382.7076 or dwyerm@coloradohealthinstitute.org.